# North Dakota Commission on Drug and Alcohol Abuse



# Comprehensive Three-Year Plan for Prevention, Treatment and Enforcement

2003-2005

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#### INTRODUCTION

In early 2002 at the request of Attorney General Wayne Stenehjem, the North Dakota Commission on Drugs and Alcohol (Commission) was formed by executive order issued by Governor John Hoeven. The Commission's charge was to evaluate substance abuse in North Dakota by exploring a) interrelationship among substance abuse prevention, education and enforcement programs<sup>1</sup>; b) designing procedures to coordinate resources in the substance abuse area; and c) pursuing avenues to ensure future coordination of resources designed to address substance abuse issues.

Through a series of meetings the Commission received information regarding funding sources, existing programs, insurance coverage, and unmet needs in areas of prevention. treatment and enforcement. While information was times at overwhelming, certain statistics emerged regarding the size and extent of the problem. The numbers highlighted the impact on already scarce resources.

# **Financial Impact**

In January 2001 the National Center on Addiction and Substance Abuse at Columbia University published a report on the impacts of substance abuse on state budgets. <sup>2</sup> The report

was the result of an intensive threeyear analysis, looking at the amount of money states spend on prevention and treatment as opposed to the amount states ultimately devote to the consequences of not adequately funding prevention and treatment programs. The findings of the report included:

- in 1998 Overall. state governments spent \$81.3 billion to deal with substance abuse. This amounted to more than 13 cents of every state budget Of every dollar states spent on substance abuse, 95.8 cents went to pay for the burden of this problem on public programs, while only 3.7 cents went to fund prevention, treatment and research programs aimed at reducing the incidence and consequences of substance abuse.3
- During the same time period for every \$100 spent on substance abuse, North Dakota spent \$89.71 to deal with subsequent substance abuse issues and \$10.22 on prevention, treatment and research.<sup>4</sup>

While the national report provided a perspective as to North Dakota's place nationally, the Commission also reviewed a survey of agency alcohol, drug, tobacco and riskassociated behavior programs

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<sup>&</sup>lt;sup>1</sup> The Commission interpreted its mission to include treatment as the third prong of the substance abuse issue.

substance abuse issue.

<sup>2</sup> "Shoveling Up: The Impact of Substance Abuse on State Budgets" – the National

Center on Addiction and Substance Abuse at Columbia University, January 2001.

<sup>&</sup>lt;sup>3</sup> <u>ld.</u> at 2.

<sup>&</sup>lt;sup>4</sup> <u>ld.</u> at 3.

funded in the state.<sup>5</sup> Attached to this report as Attachment A, the survey reflects a total of over \$53 million budgeted for the 2001 – 2003 biennium. Of that amount approximately \$23 million was

allocated to prevention programs, \$23 million to treatment–related activities and \$5.4 million to law enforcement. General fund money represented \$15.2 million of the total amount.

Commission members recognized the need to balance spending

among the three disciplines, and identified a need for more money to direct services. They acknowledged that as financial resources continue to shrink, collaborative efforts must be initiated to ensure that money is being spent on research-based programming. Further analysis of program funding will occur as part of the Commission's second phase of work.

#### **Statewide Statistics**

The 2001 Legislative Assembly enacted SB 2445 calling for a comprehensive status and trends report regarding unlawful controlled substance use and abuse treatment and enforcement efforts. The bill was codified as N.D.C.C. § 19-03.1-44 and required the Office

<sup>5</sup> "Survey of Agency Alcohol, Drug, Tobacco, and Risk–Associated Behavior Programs" – Prepared by the North Dakota Legislative Council staff for the Budget Committee on Government Services – October 2001.

of Attorney General to report to an interim committee before July 1, 2002.

The institution of a comprehensive reporting system was an important

tool for administrators and legislators to determine funding levels for programs, and to maximize use of increasingly tight tax dollars. The initial report provided a statistical baseline against which future successes or failures will be compared.

"One of the problems we face is when parents condone law breaking [like alcohol consumption] because it blurs the line regarding the use of other illegal substances for kids."

> Ed Slocum Superintendent, New Town Schools

> > The report was divided into five segments. A summary of each segment is included below with the specific data highlighted.

# Statewide Youth Risk Behavior Survey

Every two years the Department of Health and the Department of Public Instruction coordinate the Statewide Youth Risk Behavior Survey. Included at Attachment В summaries of the 2001 survey – one for grades 7 & 8 (middle school) and the other for grades 9 - 12 (high school). While the survey covers a number of risk factors, for purposes of this plan the statistics dealing with substance abuse are included.

The survey questions were designed to identify risk behaviors. Not surprisingly, alcohol abuse and related behavior scored consistently at higher percentages. For instance, 43.5% of high school students

reported having ridden with someone who had been drinking one or more times in the past 30 days.<sup>6</sup>

Approximately 10% of middle school students reported the More than same. 59% of high school students had a least one alcoholic drink on one or more days in the past 30 days. Almost 17% of middle school students responded likewise to the question.

"... there are youth in North Dakota whose lives are being devastated by alcohol, tobacco and other drugs. They are dangerously experimenting with drugs and drug combinations never fathomed before."

Scott Burtsfield Region V Children Services Coordinating Committee

The influence of tobacco as a gateway drug was also emphasized by the survey results. The 2001 national Youth Risk Behavior Study (YRBS) cited North Dakota for having the highest ranking for juvenile cigarette abuse. Other results of interest to the Commission were:

- Rode with someone who had been drinking one or more times in the past 30 days ... Grades 7 & 8 10.6% ... Grades 9 12 43.5%
- Had a least one drink on one or more days in the past 30 days ... Grades 7 & 8 16.9% ... Grades 9–12 59.2%
- Had five or more drinks in a row within a couple of hours during the last 30 days ...

Grades 7 & 8 - 8.8% ... Grades 9-12 - 41.5%

- 4. Used marijuana one or more times in the past 30 days ... Grades 7 & 8 5.7% ... Grades 9 12 22%
  - 5. Sniffed/inhaled glue, paint, etc. one or more times during lifetime ... Grades 7 & 8 -

10.8% ... Grades 9 - 12 - 15.1%

- Used methamphetamines one or more times during lifetime
   Grades 7 & 8 4.2% ...
   Grades 9 12 9.7%
- Smoked cigarettes on one or more days in the past 30 days
   Grades 7 & 8 10% ...
   Grades 9 12 35.3%
- 8. Smoked cigarettes on 20 or more days in the past 30 days... Grades 7 & 8 3.2% ...Grades 9 12 18.7%

The next set of questions dealt with the percentage of students indicating "first use" under the age of 13.

- 1. First whole cigarette ... Grades 7 & 8 19.5% ... Grades 9 12 25.4%
- 2. First drink of alcohol ... Grades 7 & 8 - 33.1% ... Grades 9 - 12 - 29.8%

<sup>&</sup>lt;sup>6</sup> The numbers included from the study represent the percentages of those students surveyed; the study does not survey all students.

- 3. First time tried marijuana ... Grades 7 & 8 - 6.8% ... Grades 9 - 12 - 6.9%
- 4. First time sniffed/inhaled glue, paint, etc. ... Grades 7 & 8 -8.7% ... Grades 9 - 12 -7.8%

Even though alcohol, tobacco and marijuana remain the drugs of choice among youth, it is disturbing to

realize that close to 10% of high school students have used methamphetamines one or more times during their lifetimes. The Commission is concerned about growth potential in

usage due to the highly addictive nature of this drug.

The Commission also recognized that substance abuse seldom begins with methamphetamine. Methamphetamine abuse may not start until an individual is out of high school. Since surveys of young adults are not readily available, the Commission is concerned that the magnitude of the issue is not fully appreciated.

#### Crime Lab Statistics

Attachment C provides information regarding the types of controlled substances tested at the state crime lab and the number of times tests for each were run controlled substance. By far marijuana led the way during 2001 with 3,442 samples analyzed. Total methamphetamine

samples were 1,505 - a 23.5% increase over the number of samples analyzed in 2000 and a 204.6% increase over the number of samples analyzed in 1999. The Commission anticipates this number will grow in direct correlation to the dramatic raids increase in methamphetamine labs in the state.

#### Treatment Information

The Department of Human Services

"The typical treatment stay

for meth users is pretty much

Kelly White

Addiction Counselor

NE Human Service Center

a setup for failure."

provided the information regarding numbers treatment state.

treatment found at Attachment D. The reflect statistics from the nine public providers across the The

department reported working with the 40<sup>+</sup> private providers encourage data collection from the private sector.

When patients are screened for treatment needs they are asked to identify their primary, secondary and tertiary substance abuse problem. The 2000 survey revealed that alcohol is the drug of choice for 76% of those seeking treatment in the public sector. Marijuana follows at a distant second (17%).methamphetamine at 4%. Anecdotal information from the public providers indicated the state will witness а noticeable increase methamphetamine as the primary substance in the 2001 statistics.

attachment The also includes information regarding the breakdown between males and females and

graphics showing provides the number of alcohol only treatments compared to the alcohol and drug treatments.

Prison and Probation

The Legislature also required the

"Parents have the right and

responsibility to know what

Ward Koeser

Mayor of Williston

kids are doing."

Department of Corrections and Rehabilitation to include statistics regarding the number of admissions for drug offenses for the year, excluding parole The report violators. included information

on the number of offenders court ordered to treatment. (97 in 2001): the number of offenders referred for chemical dependency treatment (178 in 2001); and the number completing chemical dependency treatment (87 The State has seen a in 2001). steady increase in each area since 1999. This holds true for individuals on parole and probation where treatment has been ordered (388 in 2001).

#### Law Enforcement

Attachment F provides an overview of current enforcement efforts to combat unlawful drug trafficking and usage, and statistics on arrests. Drug arrests in 2001 have increased by 20.7% over 2000, and as of December 19. 2002. 267 methamphetamine labs were raided. This compares to 89 labs for all of 2001 and 46 in 2000.

Where are the busts happening? The split is almost equal between urban and rural locations with 125 in the city and 142 in rural areas.

#### **College Drinking**

In addition to the comprehensive trends survey, the Commission also received information on underage

> drinking on college that college bring а drinking problem with

campuses from a University of North Dakota (UND) survey on alcohol usage. The survey indicated freshmen students sizable

them when they go to college. In the spring of 2000 UND Student Health Services administered a survey to students.8 907 UND As supplement to the survey, students were asked if they drank in high school. Sixty-seven percent responded positively.

Other highlights from the survey included:

- 60% of UND students surveyed reported that they engaged in binge drinking (five or more drinks at one sitting).
- 79.6% of students surveyed reported that they had used alcohol within the last 30 days.
- 34.3% of students reported that they forgot where they were or what they did as a consequence

<sup>&</sup>quot;2001/2002 Report" - Prepared by the UND Commission on Student Use of Alcohol **–** 2002.

The American College Health Association designed the National College Health Assessment survey.

of drinking within the last school year.

Binge drinking rates at UND

increased to 54.8% in the 2001 survev. compared to 52% in 1998 and 42% in 1994.9 This statistic is significantly higher than the national rate of 44%. The percentage of underage UND students consumina alcohol within the last 30 days was 87.2% in 2001, compared to 1994.<sup>10</sup> 77% in Overall, alcohol consumption data in 2001 revealed that 87.7% of

UND students consumed alcohol 30 days prior to the survey completion, compared to 80% in 1994. This is significantly higher than the national percentage of 69%. 11 Other results of the UND survey may be found at Attachment G.

# OVERVIEW OF PLAN DESIGN AND RECOMMENDATIONS

As the Commission listened to special reports on programming from commission members and third-party resources, the idea of a statewide strategy addressing all three areas began to take shape. Utilizing the existing substance

abuse prevention five—year plan<sup>12</sup> as a guide, the Commission decided to expand the existing plan to include strategies for treatment and enforcement. The existing plan was

developed by the Department of Human Services and focused on prevention issues in each of the eight human service regions.

Developing the new comprehensive plan involved the coordination of nine public forums – one in each human service region, and

one with representatives from each of the tribal communities. ln preparation for the forums. invitations were mailed to community leaders. law enforcement officials. legislators, tribal leaders, judges, states attornevs. treatment providers, educators, community coalition leaders. public health clergy, officials. prevention coordinators. services human regional directors and other interested parties. News releases and media interviews were conducted prior to each forum in order to encourage public participation.

"The ease with which a [meth] lab can be constructed and hidden on largely uncontrolled land areas compounded by the volume of transient traffic through Rolette County are currently overwhelming law enforcement and are providing cheap harmful substances to our population."

Bob Camper Mayor of Rolla

<sup>11</sup> <u>ld.</u>

<sup>&</sup>lt;sup>9</sup> "2001/2002 Report" at pg. 8.

<sup>10 &</sup>lt;u>ld.</u>

<sup>12 &</sup>quot;North Dakota Comprehensive Substance Abuse Prevention Five Year Plan – 1998 – 2003" – Developed by the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services.

Participants were asked to provide the Commission with information regarding programs currently being provided in their communities and information regarding "what is working and what is not." They were also encouraged to discuss needs in their respective areas of expertise,

and in the community

overall.

600 Nearly citi zens representing а broad expertise spectrum of attended the public forums. Participants included students, concerned citizens and

tribal representatives from the They provided the community. Commission with ideas about needed changes, information regarding successful programs, and a call to consider ways to improve services in almost all aspects of abuse prevention. substance treatment and enforcement.

# **Comprehensive Plan** Summary

Many participants expressed grave the about concerns alarming increase in methamphetamine use, and the community's ability to proactively address the issues raised by this relatively new epidemic. While recognizing that methamphetamine is generating much attention from the news media, the Commission maintains that alcohol. tobacco and marijuana continue to be the most serious substance abuse issues in North Dakota.

Each forum identified public programs, issues and needs unique to its respective area. However. several key threads ran throughout all nine meetings. While listed in no particular order, the following are the more relevant key points:

"Insurance issues are real ... coverage is not sufficient ... especially for meth treatment."

> Maggie Brekken Parent from Jamestown

Despite popular folklore, parents do role serve as models for their children. and parents need tools to deal with the complex issues facing vouna people in today's

society.

- Collaborative efforts in communities are key in helping combat substance abuse at all age levels.
- Tobacco is a gateway drug and community leaders must examine community norms to determine how best to facilitate citizen understanding of the long-term implications of tobacco usage.
- disciplines three prevention, treatment and law enforcement work must together; and communities as a whole must be involved.
- Education of our children must start early and be continuous through college.
- Addiction must be viewed as a disease requiring long-term, ongoing treatment, with insurance companies providing more flexibility in coverage.
- Rural access to treatment facilities is critical and presently is not available in many areas of the state.

- ? The State must make it harder to manufacture methamphetamine through more aggressive laws dealing with containers, purchase of certain ingredients. and enhanced penalties for offenders possessing firearms and drugs.
- ? The State must come to grips with the philosophical debate the regarding lenath of incarceration and the role of treatment and early release.

The next phase of Commission activity will developing on solutions to each of these universal issues.

In addition to the key points, the Commission formulated several conclusions regarding each discipline based upon information presented at

the public forums and the Commission meetings. These observations provided background for the regional needs analysis.

In the area of prevention, we must recognize that society is sending the wrong message to kids —— drinking is not the least of all evils.

The following general themes are important in the prevention area:

- School/community connections are imperative to good prevention programs.
- School programs are important, but only one part of the prevention formula.

- Parent awareness and education about alcohol, tobacco and other drug issues are necessary.
- Parents need access to a "one stop shop" for information on treatment referrals, insurance information and education.

At four forums, young people had a strong presence and equally strong message about the need to make young people more responsible for their actions. This was particularly

held at "When you look at the bigger Standing picture ... [the allocation of law enforcement resources] is not late enough to deal with this problem ... that is why we need assistance from prevention and shared treatment." Officer Steve Lundin

Bismarck Police Department

true at the forum the Rock Reservation November. At this forum over 25 young adults their perspectives on the pressures placed on Native American vouth.

on the challenges presented due to cultural differences. lack of programming for youth and strains on resources. They also provided insight into what makes a difference when deciding whether to engage in the use of chemicals. More on the Native American forum can be found on page 45 of the report.

An under-represented group at the forums was school administrators. Those in attendance reported being overwhelmed with new federal regulations associated with the new No Child Left Behind legislation for school improvement and accountability.

alcohol abuse at UND lf representative of what is happening at other college campuses in the State, and there is no reason to indicate otherwise. prevention specialists must develop creative programs to curb the abuse. The UND Commission on Student Use of Alcohol developed a plan to combat the growing trend of binge drinking

and high percentage of use by underage students. 13 The plan includes goals and ideas for community involvement that could serve as models for other campuses. The 2001/2002 report is attached at Attachment H.

Tobacco coalition representatives attended all of the public forums, and identified several

relevant problems in need of According to the National solution. Drug Control Strategy, youth ages 12 17 who smoke approximately 8 times more likely to use illicit drugs and 5 times more likely to drink heavily than nonsmoking youth. Tobacco abuse haunts society as the addicts grow older and the cost to society escalates.

The Commission learned that implementing the educational strategies outlined in the CDC's Guidelines Health for School

Programs to Prevent Tobacco Use in conjunction with community and media-based activities can postpone or reduce smoking onset in 20-40% of adolescents.14 There is also evidence that combining behavioral and counseling pharmacological treatment of nicotine addiction may produce a 20-25% quit rate at the one-year mark. 15 In addition, when

> advise physicians patients to quit smoking there can be a cessation proportion of 5 – 10%. <sup>16</sup>

In the of area treatment the Commission recognized an acute need for more flexibility in treatment options, including the establishment of residential facilities. Testimony was provided at every meeting confirming

that methamphetamine addiction is not effectively treated within the parameters of the traditional 28-day treatment protocol. Several law enforcement representatives from rural areas discussed the need for iuvenile detox centers and treatment facilities. Other participants raised concerns regarding the shortage of beds for people in need of substance abuse treatment.

Research findings conclude that when teens are asked who they most rely on for making important decisions or in facing problems, parents are the top choice (63% of teens responded that they rely on their parents for a great deal).

Meg Bostrom

Teenhood: Understanding Attitudes Toward Those Transitioning from Childhood to Adulthood. April 2000.

9

<sup>&</sup>lt;sup>13</sup> "2001/2002 Progress Report" – UND Commission on Student Use of Alcohol -2002.

<sup>&</sup>lt;sup>14</sup> Reducing Tobacco Use: A Report of the U.S. Department of Surgeon General. Health and Human Services, 2000.

<sup>&</sup>lt;sup>16</sup> ld.

From a law enforcement perspective sentencing, alternative incarceration, curtailment of methamphetamine,

and the stress on svstem's resources were all emphasized. Information was received indicating that drug courts appear to having be some success. Drug courts, however, are resource intensive, and if this type of court is to continue the State must dedicate more the resources to program.

Conflicting testimony was presented regarding sentencing, incarceration and early

release programs. The Department of Corrections and Rehabilitation presented research indicating that 2.5 years is sufficient time for the incarceration of drug offenders who receive treatment, while the average sentence is five years. enforcement and states attorneys expressed frustration with a system that allows offenders to bond out and be back on the streets committing other drug offenses. sometimes within hours of the arrest. Others questioned the effectiveness of the program allowing for early release once treatment has been completed. Clearly, the State must resolve the philosophical debate regarding the length of incarceration and the impact of treatment on the total time served.

Law enforcement officials also recognized the importance of their role in prevention. Communities

"... two crucial issues facing the tribal communities are mental health issues and adequate treatment options for juveniles. The two are closely linked. Programs like the Sacred Child Project are working because the professionals are going into the home and listening to the child's needs ... not visa versa where the professional tells the child and family what they need ..."

Barbara Poitra Coordinator of Children's Service and Tribal Youth Services Turtle Mountain Tribe want enforcement to be of the part prevention picbut ture. resources are stretched thin. Collaborative efforts between local coalitions. school boards, and local governfind ments to adequate funding for law enforcement participation in school prevention programs is critical.

Several individuals encouraged the State to make it harder methamphetamine. manufacture Presently, anhydrous ammonia stored in tanks is easily accessible and is frequently stolen for use in the manufacture of the drug. tablets containing ephedrine are readily available at retail stores. While these are just two of the necessary for the ingredients manufacture of methamphetamine, restricting the availability of both could curtail its manufacture.

#### **REGIONAL ASSESSMENTS**

Another segment of the State's three—year plan is the regional assessments section. Each region has specific data concerning risk indicators and a needs analysis by discipline. Statistical data for the

included reservation areas was within each respective regional assessment. Data regarding alcohol, drug and tobacco was reported separately for adults and juveniles whenever possible. Drug treatment data was combined with alcohol because the counts are too small for drugs only, especially when counts are divided between adults and juveniles. 17 The needs analysis was developed based upon the testimony presented at each public forum.

The regional assessment section includes several risk indicators and certain terminology that may need some explanation. The following information and terms were used consistently throughout the regional assessments:

**Arrows** – The *up* and down arrows indicate an increase or decrease of one unit or more. A *horizontal* arrow reports a difference between the state rate and the region of less than one unit.

**MJ** – refers to marijuana.

**DUI** – driving under the influence of alcohol or drugs.

**Mean rate** – refers to an average per 1,000 population. An average rate per 1,000 population was created for each year. Second, the means for all years were averaged to provide a mean rate per 1,000 population over multiple years. This method smoothes the data and eliminates outliers that may occur in one year of data. juveniles, the census population for ages 13–17 was used to determine rates per 1,000 population. adults the census population for ages 18-64 was used. children under age 13 are reported in the arrest or treatment data. To include all children under 13 influences the rates disproportionately. The same holds true for adults. Few adults age 65 and over are reported in the arrest or treatment data yet the number of older adults is large, thereby disproportionately affecting the rate for the adult population.

Recommendations based upon the information included in the regional assessments are included after the *Regional Assessment* section of the plan. The recommendations are divided by area of discipline, and will be the focus of Commission activity during its next phase.

<sup>&</sup>lt;sup>17</sup> Sources of Data included: *Alcohol and Drug Treatment Data* – Regional Human Service Centers, Division of Mental Health and Substance Abuse, ND Department of Human Services.

Tobacco, Other Drugs and Other Alcohol Indicators – The Youth Risk Behavior Survey, 2001 (statewide weighted sample and regional data results).

Arrest Data – The web site <a href="www.icpsr.umich">www.icpsr.umich</a> includes arrest data listed separately for adults and juveniles for multiple years.

# **REGION I:** Divide, Williams, McKenzie

## **Introduction to the Region – Indicators of Risk**

#### Juveniles

Out of 12 indicators for juveniles all but 3 (*drug arrests, past 30–day marijuana user and alcohol and drug treatment*) were above the state rate for juveniles in Region I; the most of any region in the state. Only two indicators (*alcohol and drug treatment and drug arrests*) fell below the state rate. *Past 30–day use of alcohol, methamphetamine, and inhalants, tobacco and being a current user and using before the age of 13 for alcohol, methamphetamine, inhalants, and marijuana* were all above the state rate. Only *past 30 day use of marijuana by juveniles* was excluded and the rate was nearly the same as the state rate.

Arrest data for juveniles indicated *DUI and liquor law violations* at about 1.5 times the state rate. Arrests for *possession or sale of drugs* were slightly below the state rate.

In contrast to the reported use of alcohol and drugs, *treatment* indicators for juveniles in Region I were below the state rate (8.52 versus 5.93). *Tobacco use* by juveniles in Region I was also above the state rate for both current user and being a current user and having used before the age of 13. <sup>18</sup>

#### Adults

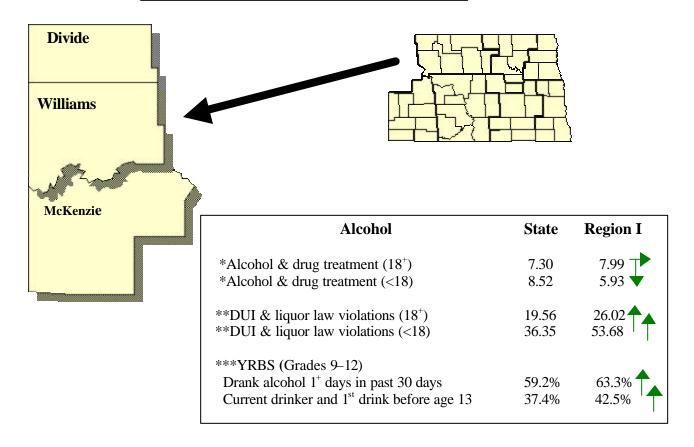
Only three indicators were reported for adults – alcohol and drug treatment, DUI and liquor law violations and drug arrests. DUI and liquor law violations were above the state rate while alcohol and drug treatment and drug arrests were nearly the same as the state rate.<sup>19</sup>

<sup>&</sup>lt;sup>18</sup> Three Affiliated Tribes of the Fort Berthold Indian Reservation and Trenton Indian Service Area are partially included in Region I. Schools managed by the Tribe complete their own survey and the results are not compiled with the state survey. This may influence the overall results for Region I.

Reporting of arrest data is not mandatory within the State of North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

# Region I - Northwest

# **Alcohol, Tobacco and Drug Indicators**



State	Region I
2.45 4.51	1.71
22.0% 17.4%	21.4%
	16.2%
50.6% 9.7%	51.7%
	2.45 4.51 22.0% 17.4% 15.1% 50.6%

***Tobacco	(Grades 9–12)	
Current smok	ers	
Statewide	35.3%	
Region I	48.7%	
Current smoke	er and smoked 1st	
cigarette befor	re age 13	
Statewide	43.6%	
Region I	45.5	

- \* Mean rate per 1,000 population (1998–2001) (Services delivered by regional human service centers only.)
- \*\* Mean rate per 1,000 population (1995–2000)
- \*\*\* YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

In Region I, several prevention tools are being utilized in the schools including Character Counts, Here's Looking at You, DARE and Get Real About Violence. In Williston the school district has initiated an after school—tutoring program designed to help improve grades. The program was started with the thought that higher grades improve self—esteem and improved self—esteem helps young people make better choices. The district also included after school programs in every elementary school. This program keeps young people busy in a structured environment where they get skills building, tutoring and recreation.

This region has one of the most aggressive narcotics task forces in the state. It led the state in methamphetamine lab busts, and has actively sought the support of the retail community by providing educational opportunities for retail employees. Agents have trained citizens about drug—related behaviors and encouraged them to contact law enforcement when something looks suspicious. While the task force has been successful, its resources are stretched thin. Methamphetamine lab busts are labor intensive and safety is always an issue due to the hazardous nature of the chemicals involved in the manufacturing process. Officers need specialized training that is time—consuming and equipment that is expensive. Facilitating the efforts of law enforcement is the work of the regional intervention services committee. This group coordinates activities between law enforcement, treatment and prevention providers.

Methamphetamine cases also present unique problems for prosecutors. States attorneys from the region indicated that methamphetamine cases include complex search warrant issues, conspiracy theories and suppression hearings. There are often hundreds of exhibits and coordinating activities with the task force presents its own challenges.

Concerns were raised by social workers who pointed out that methamphetamine homes present dangers for them as well as law enforcement. They noted that methamphetamine impairs parents' abilities to make sound decisions for anywhere from six months to a year. During the interim, families are destroyed. Removing children from these homes through the normal process is difficult because the characteristics of a methamphetamine user are not always enough for the court to justify the intervention.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Help for parents to understand their role in preventing substance abuse ... what to look for and what to do when they find it.
- 2) Peer mentoring at public and reservation schools.
- 3) Understanding that tobacco is part of the problem.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Residential treatment programs with aftercare support for youth.
- 2) Teach addicts how to deal with finances, take care of medical issues and develop skills that will translate into future employment.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) Canine units for use in schools.
- 2) Proper training and adequate equipment to disassemble methamphetamine labs.
- 3) Centralized expertise on prosecuting methamphetamine cases to provide assistance to local prosecutors.
- 4) More resources for narcotics task force.
- 5) Analyze present sentencing structure to determine whether long-term treatment is not a more viable option.
- 6) Involvement of parents by requiring them to attend substance awareness class.

#### **REGION II:**

# Burke, Renville, Bottineau, Mountrail, Ward, McHenry, Pierce

## **Introduction to the Region – Indicators of Risk**

#### Juveniles

Of significant interest in Region II there were no indicators for juveniles above the state rate. Two indicators, *current user of methamphetamine or marijuana and used before the age of 13* were about the same as the state rate.<sup>20</sup>

The statistics regarding *alcohol* and *drug treatment* in this region were also interesting. The regional rate of 2.95 for juveniles was substantially below the state rate of 8.52. In addition, *DUI* and liquor law violations also were substantially below the state rate. In comparison, *current juvenile drinkers and those drinking and having their first drink before the age of* 13 were slightly below or almost the same as the state percentage.

#### **Adults**

For adults, *alcohol and drug treatment, DUI and liquor law violations* were below the state rate while drug arrests were at about the same as the state rate per 1,000 population.<sup>21</sup>

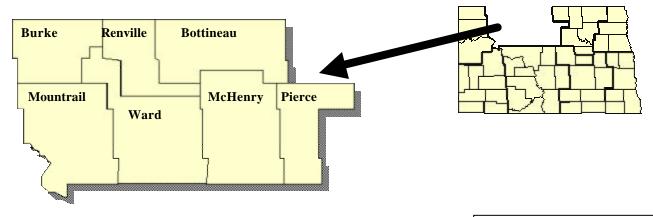
<sup>2</sup> 

<sup>&</sup>lt;sup>20</sup> It is important to note that tribal schools may not have been included in the Youth Risk Behavior Survey. One Native American Indian Reservation – Fort Berthold, Three Affiliated Tribes – resides partly within the boundaries of Region II. Schools managed by the Tribe completed their own survey and the results were not compiled with the state survey. This may have impacted the overall results for this region.

These statistics did not include arrest information from Fort Berthold, Three Affiliated Tribes that is located within the boundaries of Region II. The Bureau of Indian Affairs and Three Affiliated Tribes do not report arrest data to the state.

# **Region II – North Central**

# **Alcohol, Tobacco and Drug Indicators**



Alcohol	State	Region II
*Alcohol & drug treatment (18 <sup>+</sup> )	7.30	6.29
*Alcohol & drug treatment (<18)	8.52	2.95
**DUI & liquor law violations (18 <sup>+</sup> )	19.56	16.58 🖶
**DUI & liquor law violations (<18)	36.35	23.29 👈
***YRBS (Grades 9–12)		
Drank alcohol 1 <sup>+</sup> days in past 30 days	59.2%	54.2%
Current drinker & 1 <sup>st</sup> drink before age 13	37.4%	37.3%

***Tobacco	(Grades 9–12)
Current smoke	rs
Statewide	35.3%
Region II	31.6%
Current smoke cigarette before Statewide Region II	-

Drug	State	Region II
**Drug arrests (adults)  **Drug arrests (juveniles)	2.45 4.51	2.16 3.25
***YRBS (Grades 9–12) Used MJ 1 <sup>+</sup> times in past 30 days Among MJ users, used before age 13	22.0% 17.4%	17.1% 17.3%
Sniffed/inhaled glue, paint, etc. 1 <sup>+</sup> times in lifetime Among those who sniffed/inhaled did so before age 13	15.1% 50.6%	14.1% 48.6 %
Used methamphetamine 1 <sup>+</sup> times in lifetime	9.7%	6.2%

 $<sup>*\</sup> Mean\ rate\ per\ 1,000\ population\ (1998-2001)\ (Services\ delivered\ by\ regional\ human\ service\ centers\ only.)$ 

<sup>\*\*</sup> Mean rate per 1,000 population (1995–2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

One of the overwhelming needs voiced over and over was that parents must play a key role in all three areas – prevention, treatment and enforcement. Speakers encouraged government to find a balance in spending between the three prongs. Individuals noted that children mirror the behaviors of their parents, and society must conduct the difficult analysis of what is acceptable behavior. Communities must assess the role alcohol and tobacco play in everyday lives and events. Some questioned the need for alcohol at community events, while others urged the adoption of smoke–free ordinances.

Adequate treatment facilities and/or options in rural areas are of great concern. Many small communities do not have treatment facilities, and when a driver's license has been revoked, getting to treatment in the urban area is very difficult. Testimony was also presented regarding the need to examine the present involuntary commitment law. Comments were received that the present law seems out-of-date and not relevant given the current practice in the state.

As in other areas, law enforcement is too stretched to continue to meet the increasing pace of drug arrests, especially in the area of marijuana and methamphetamine.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Education must start as early as elementary school to be effective.
- 2) Community-wide education about methamphetamine.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Money for direct services.
- 2) Treatment options ... for instance transition centers for women and kids, halfway houses for people with chronic relapse issues, weekend programs so parents can participate and mentoring programs.
- 3) Recognition that methamphetamine treatment may require more time than treatment for other substances.
- 4) Programs designed to accommodate the rural nature of the region.
- 5) A greater array and more collaborative approach to adolescent programming in more communities with leverage to involve families.
- 6) Evaluation of the need to modernize the involuntary commitment laws.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) More resources for law enforcement.
- 2) Longer sentences of community service for first or second time offenders to serve as a real deterrent.
- 3) Individuals who are manufacturing methamphetamine should be given longer sentences.

#### **REGION III:**

Rolette, Towner, Cavalier, Ramsey, Benson, Eddy

## **Introduction to the Region – Indicators of Risk**

#### Juveniles

Region III reported six indicators above the state rate or percentage and six below. *Alcohol and drug treatment* for juveniles exceeded 1.5 times the state rate (21.55 versus 8.52). In comparison, the YRBS reported only slightly more *current juvenile drinkers* than the state percentage.<sup>22</sup>

Current or past 30-day use of tobacco among juveniles was above the state percentage, while current use of inhalants and methamphetamine fell below the statewide percentage. Current past 30-day use marijuana by juveniles was about the same as the statewide percentage.

#### **Adults**

Alcohol and drug treatment was almost twice the state rate (13.81 versus 7.30). DUI and liquor law violation, however, was slightly below the state rate. Drug arrests for adults were also slightly below the state rate.<sup>23</sup>

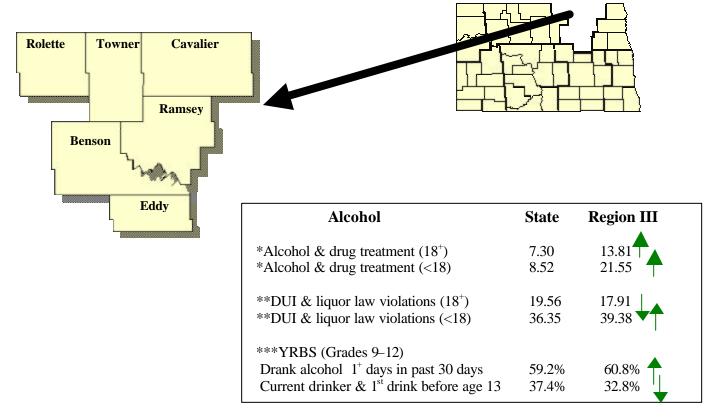
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<sup>&</sup>lt;sup>22</sup> It is important to note that reservation schools may not have been included in the YRBS, and Region III included two Native American Indian Reservations – Turtle Mountain, Turtle Mountain Band of Chippewa and Fort Totten, Spirit Lake Tribe. Schools managed by the tribes completed their own survey and the results were not compiled with the state survey. This may have influenced overall results for Region III.
<sup>23</sup> Reporting of arrest data is not mandatony within North Daketa. The Bureau of Indian Affairs and tribal

Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

# Region III - Lake Region

# **Alcohol, Tobacco and Drug Indicators**



Drug	State	Region III
**Drug arrests (adults)	2.45	1.34
**Drug arrests (juveniles)	4.51	2.40
***YRBS (Grades 9–12)		
Used MJ 1 <sup>+</sup> times in past 30 days	22.0%	21.4%
Among MJ users, used before age 13	17.4%	21.1%
Sniffed/inhaled glue, paint, etc. 1 <sup>+</sup>		
times in lifetime	15.1%	13.5%
Among those who sniffed/inhaled		•
did so before the age of 13	50.6%	49.3%
The decode and between 1 <sup>†</sup> 4:		<b>—</b>
Used methamphetamine 1 <sup>+</sup> times in lifetime	9.7%	8.7%
	<b>7.</b> 170	0.170

***Tobacco	(Grades 9–12)	
Current smoke	ers	
Statewide	35.3%	
Region III	43.3%	
Current smoke	er and smoked 1st	
cigarette befor	re age 13	
Statewide	43.6%	
Region III	37.0%	

<sup>\*</sup> Mean rate per 1,000 population (1998 – 2 001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

The geography of Region III creates serious issues for law enforcement along the Canadian border. The high volume of transient traffic places an enormous burden on the limited law enforcement resources, and adds to the already overwhelming stress caused by the escalation of methamphetamine traffic. This is compounded by a lack of security on farms and at anhydrous ammonia distribution centers creating a situation where anhydrous ammonia is relatively easy to steal and use in the manufacture of methamphetamine. In addition, most of the other ingredients necessary to manufacture methamphetamine can be legally purchased. Busting methamphetamine labs is resource intensive and places a tremendous burden on smaller law enforcement units. The impact of illegal drugs on counties is so great that the City of Rolla and Rolette County requested funding from the state to provide a total of six additional officers.

To counter a surge in alcohol–related deaths of young people in Devils Lake, the school system facilitated a community forum to get citizens involved in addressing the issue of underage drinking. Through a series of meetings, the community has developed a draft strategic plan designed to get parents, youth and the community working together on this critical issue. Included in the efforts to curb teenage drinking was the formation of a SADD (Students Against Destructive Decisions) chapter to provide peer support to not drink or use.

## **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Education warning teenagers of the dangers of acute alcohol poisoning.
- 2) Education for pharmacists and the medical community about the potential for drug diversion in their community.
- 3) Parental support at home for programs like "Life Skills Training".
- 4) Education must start as early as elementary school regarding tobacco and the dangers of inhalants.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Stop detoxing in jails.
- 2) Collaboration and networking services for the adult population.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) Law enforcement comes down to two basic issues appropriate sentencing and adequate law enforcement resources.
- 2) Discretion in sentencing is a problem.
- 3) Financial support to upgrade radios to digital service.
- 4) More resources to rural law enforcement.
- 5) Limit the sale of ephedrine.
- 6) Tougher regulations regarding the storage of anhydrous ammonia.

# **REGION IV:** Pembina, Walsh, Nelson, Grand Forks

# Introduction to the Region – Indicators of Risk

#### Juveniles

Six indicators for juveniles were above the state rate or percentage for Region IV. Three indicators, *current or past use of tobacco, marijuana, and methamphetamine*, were above the state percentage. In addition, three indicators, *being a current user and having used before the age of 13 for tobacco, marijuana, and inhalants*, were reported higher than the state percentage.

Two indicators, *DUI and liquor law violations and being a current or past 30–day user of alcohol*, fell below the state rate or percentage.

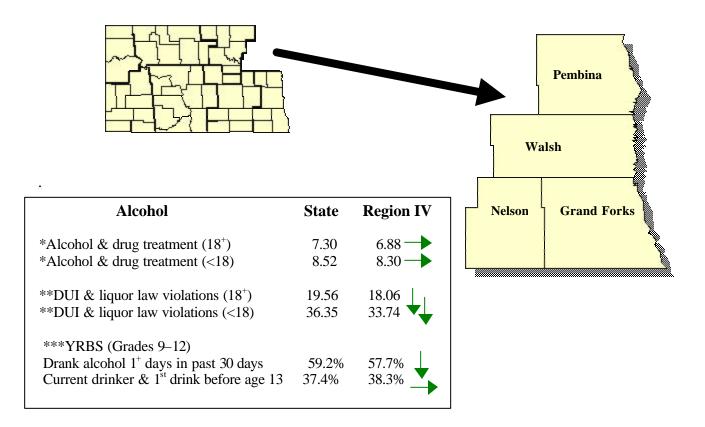
Four indicators were nearly the same – alcohol and drug treatment for juveniles, current user of alcohol and had first drink before age 13, drug arrests, and a current or past 30–day user of inhalants.

#### **Adults**

Among the three indicators for adults, *alcohol and drug treatment and drug arrests* were similar to the state rate. *Liquor law violations* fell below the state rate.

# Region IV - Northeast

# **Alcohol, Tobacco and Drug Indicators**



***Tobacco (Gr	ades 9–12)
Current smokers Statewide	35.3%
Region IV	39.3%
Current smoker and cigarette before age Statewide Region IV	d smoked 1 <sup>st</sup>

Drug	State	Region IV
*Drug arrests (adults) *Drug arrests (juveniles)	2.45 4.51	2.91
***YRBS (Grades 9–12) Used MJ 1 <sup>+</sup> times in past 30 days Among MJ users, used before age 13	22.0% 17.4%	24.3% 24.3%
Sniffed/inhaled glue, paint, etc. 1 <sup>+</sup> times in lifetime Among those who sniffed/inhaled did so before the age of 13	15.1% 50.6%	15.8%
Used methamphetamine 1 <sup>+</sup> times in lifetime	9.7%	14.8%

<sup>\*</sup> Mean rate per 1,000 population (1998–2001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

Several coalition–building programs are being undertaken in Region IV. The Healthy Community Coalition in the Park River area is utilizing the "asset building" approach to collectively develop programs that foster a healthy community environment for young people. In Grand Forks "The Answer" program is a community coalition with approximately 250 members, focusing on community–wide answers to substance abuse issues. Several cooperative programs utilizing law enforcement expertise are being conducted in Grand Forks schools, including the *Project Northland*, *Life Skills* program, the *Towards No Tobacco* program and the *Know Your Body* program. At the elementary level (5<sup>th</sup> grade) the district conducts the *CounterAct*.

The University of North Dakota reports the inheritance of a significant high school drinking problem with well over half of all college freshmen indicating they frequently used alcohol in high school. Several speakers urged the State to take action to make retail liquor establishments more responsible so that college students are not afforded opportunities to partake in high risk drinking activities.

Addiction is often generational in nature, and in many cases parents have problems. This creates difficult situations when juveniles undergo treatment and then are returned to an "addicted home." Participants noted there is a gap in placement for young people. Services for rural populations are problematic in this region. It is difficult to provide services to the rural areas due to the size of the region. In addition if young people from rural communities are in residential care, distance becomes an obstacle for parental involvement in the treatment program. Treatment professionals stated that strong cravings associated with methamphetamine make relapse more likely. Aftercare often requires at least one year, and resources are seldom sufficient to ensure that much time.

Participants reported that many offenders would relapse if they had to adhere to the time limitations of insurance coverage. It was noted that drug testing is expensive and takes time because the tests must be sent out–of–state. With limited resources and increases in the number of methamphetamine addicts, some individuals are not seeing psychiatrists and not receiving antidepressants in a timely fashion. This impacts treatment because antidepressants help reduce the methamphetamine cravings during the first few weeks of treatment.

Some landlord training has occurred and provides law enforcement with more eyes in the community. Concerns were raised that there seems to be no consequence when an offender ordered to undergo an evaluation fails to report when scheduled. Individuals suggested that sometimes parole revocation might be the right answer. Sending offenders to treatment for the last 30 days of their sentence muddles the treatment process. Law enforcement officials cautioned that the legal system should be careful not to become so sympathetic to addicts that they encourage treatment over prison. At some point treatment is not the answer and people need to go to jail.

Juvenile drug court is proving to be effective, in part, because of its high accountability, multiple drug screens, regular reporting requirements and requiring the addicts to set their own goals for sobriety. Preliminary statistics suggest a reduction in recidivism. Juvenile drug court, however, is also resource intensive, and federal funding for the program is scarce.

## **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Education must start as early as elementary school to be effective.
- 2) Special programs for families with histories of substance abuse.
- 3) Options for obtaining less expensive drug test results.
- 4) Landlord training and retail training.
- 5) More coordination with the university system.
- 6) Retail liquor community needs to be encouraged to be more responsible in carding policies and sales to college students.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) More facilities for juvenile treatment.
- 2) Address the needs of treatment of juveniles from rural areas.
- 3) Programs that recognize the special needs of methamphetamine addicts.
- 4) Resources to cover extensive aftercare programs.
- 5) More flexibility with insurance coverage for addiction treatment.
- 6) Availability of psychiatric resources to ensure timely diagnosis of depression issues.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) More resources for juvenile drug court.
- 2) Hold offenders accountable for their actions.
- 3) A more careful analysis of which offenders should undergo treatment and which should stay in jail.

# REGION V: Steele, Traill, Cass, Ransom, Sargent, Richland

## **Introduction to the Region – Indicators of Risk**

#### Juveniles

Only one indicator, *current or past 30 day marijuana user*, was above the state percentage for Region V. Six indicators fell below and five were nearly the same as the state rate. While the percentage of *current juvenile marijuana users* was slightly above the statewide percentage and *DUI & liquor law violations* were slightly below the state rate, *alcohol and drug treatment for juveniles* was below the state rate.

Indicators falling below the state rate or percentage included *alcohol* and *drug* treatment for juveniles, current or past 30 day use of alcohol, inhalants; and current user and used before the age of 13 for tobacco, marijuana, and inhalants.

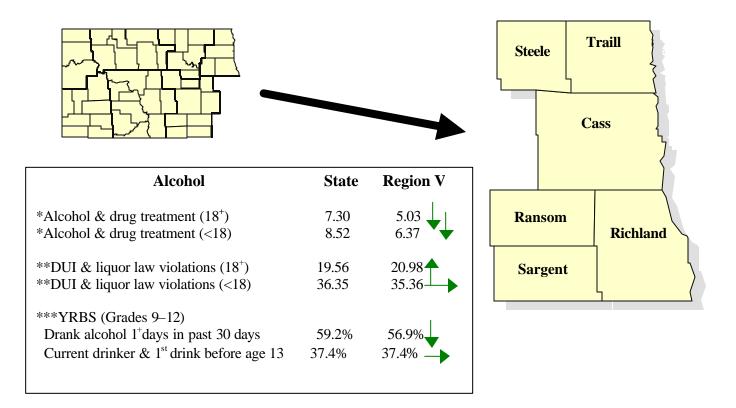
Five indicators remained nearly the same as the statewide rate, including *DUI* and *liquor* law violations, drug arrests, and current or past 30–day user of tobacco or methamphetamine, and currently using alcohol and had first drink before age 13.

#### Adults

DUI and liquor law violations for adults living in Region V were above the state rate, while alcohol and drug treatment fell below the state rate. Drug arrests were similar to the state rate.

# Region V - Southeast

# **Alcohol, Tobacco and Drug Indicators**



***Tobacco	(Grades	s 9–12)
Current smok	ers	
Statewide	35.3%	
Region V	35.1%	-
Current smok cigarette befo Statewide Region V	re age 13 43.6%	oked 1 <sup>st</sup>

Drug	State	Region V
**Drug arrests (18 <sup>+</sup> ) **Drug arrests (juveniles)	2.45 4.51	2.55 5.44
***YRBS (Grades 9–12) Used MJ 1 <sup>+</sup> times in past 30 days Among MJ users, used before age 13	22.0% 17.4%	23.8%
Sniffed/inhaled glue, paint, etc. 1+ times in lifetime Among those who sniffed/inhaled did so before the age of 13	15.1% 50.6%	12.7% <del> </del> 47.9%
Used methamphetamine 1 <sup>+</sup> times in lifetime	9.7%	9.8%

<sup>\*</sup> Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 Population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

Region V is home for Fargo and the surrounding areas. The Fargo school district utilizes school resource officers in middle and senior high schools and programs like *Character Counts* and *DARE* in its prevention efforts. Prevention efforts in the rural areas include the formation of *Generations Connection* a Casselton–based coalition working with youth and adults on underage substance abuse issues. The group emphasizes the importance of role modeling, and also sponsors a variety of programs.

Law enforcement officials indicate the importation of ecstasy into the market is causing new concerns in the Fargo area. Another disturbing trend is methamphetamine dealers arming themselves, and the resulting increase in drug-related violence. Prosecutors note most methamphetamine cases involve either conspiracy or attempt theories and are difficult to prosecute because of the complexity. It was suggested that prosecutions would be easier if it was a felony to possess anhydrous ammonia in a non-approved container. They also discussed the problems early release is placing on probations officers who have seen a steady increase in the number of cases they must handle. Law enforcement expressed concerns that offenders are not afraid to get caught because they know they will be released.

Treatment providers discussed the need to increase the flexibility of treatment options while not jeopardizing insurance coverage. Professionals are concerned about the impact of methamphetamine in homes with children, noting that some babies have tested positive for the substance. The growth in the methamphetamine problem parallels the growing need for foster care for longer periods of time. Several individuals emphasized the importance of drug testing as an important deterrent.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) A network or coordinated effort to ensure that resources are being effectively used.
- Programs that help parents understand the serious nature of alcohol abuse and encourage them to have open discussions regarding legal and illegal substances.
- 3) Programs that help young people develop self–esteem and tools for combating peer pressure.
- 4) Programs to educate hotel/motel owners and staff, landlords and retailers about the manufacture of methamphetamine.
- 5) Training for physicians on the diagnosis of symptoms of abuse.
- 6) A reliable source of drug testing kits.
- 7) Programs for young people with consistent and constant messages.
- 8) School resource officers in each school.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Extended, secure detox services to deal with the increase in methamphetamine cases.
- 2) Expansion of treatment options.
- 3) Supportive and secure residential facilities.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) Consistent and coordinated law enforcement efforts.
- 2) More training for dealing with methamphetamine labs and specialized equipment.
- 3) Make it a felony to possess anhydrous ammonia in a non–approved container.
- 4) An evaluation of the balance between mandatory minimum sentencing and the early release program.
- 5) A statute allowing for the enhancement of a drug offense when guns are present.
- 6) Aggressive pursuit of asset forfeiture.
- 7) Detention centers for young people in rural areas.

#### **REGION VI:**

# Wells, Foster, Griggs, Stutsman, Barnes, Logan, Lamoure, McIntosh, Dickey

# **Introduction to the Region – Indicators of Risk**

#### Juveniles

Only two indicators were above the statewide percentage in Region VI – *current user* and used before the age of 13 for alcohol and inhalants. Seven indicators were below and three were nearly the same as the statewide rate or percentage.

Indicators for alcohol and drug treatment, drug arrests, current or past 30-day users of tobacco, marijuana, inhalants, and methamphetamine were all below the statewide rate or percentage.

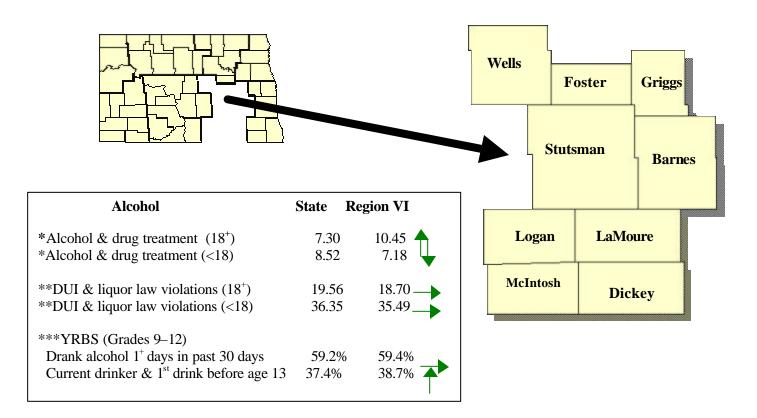
Three indicators remained nearly the same as the statewide percentage – use of alcohol or tobacco in the past 30 days and a current marijuana user and used before the age of 13.

#### **Adults**

Among adults, *drug arrests and alcohol related arrests* were about the same as the state rate. However, *treatment services* for adults living in Region VI was above the state rate (10.45 versus 7.30).

# **Region VI – South Central**

# **Alcohol, Tobacco and Drug Indicators**



***Tobacco	(Grades 9–12)
Current smoke Statewide Region VI	35.3% 29.5%
cigarette before Statewide	r and smoked 1 <sup>st</sup> e age 13 43.6% 43.1%

2.45 4.51 22.0%	1.81 2.88
22.0%	
	14.3%
	14.3%
17 40/	
17.4%	17.9%
15.1%	11.4%
50.6%	54.0%
9.7%	7.6%
	50.6%

<sup>\*</sup> Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

Professionals from Region VI encouraged the State to look at the big picture when it comes to substance abuse. They emphasized that rather than build jails for addicts, it is less expensive to take care of treatment needs by providing adequate treatment resources. Treatment providers indicated alcohol is still the drug of choice among adolescents. One snapshot in time of an adolescent treatment program in Jamestown revealed the following preference of substances among its participants: 100% abused alcohol; 97% abused marijuana; 59% abused over—the—counter drugs; 34% abused methamphetamine; and 44% abused Ritalin. Interestingly, inhalants used to serve as the threshold, but over—the—counter drugs now serve as the introductory drug. It is believed that ecstasy will soon become the trendsetter as the fastest growing drug. There are also efforts in the community to curb access to over—the—counter drugs.

The Jamestown community has formed a coalition of citizens concerned about substance abuse. They are developing an action plan that will 1) provide youth with refusal skills; 2) encourage parents to talk about drugs and reinforce the message at home; 3) promote the role of fathers in the family; and 4) encourage prevention education at an earlier age. In general the public needs to understand that alcohol, especially beer, is a major issue for families. They also need to recognize that tobacco is a threshold drug costing society millions of dollars every year.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- Educate parents that today's drugs are not the drugs of yesterday. Young people need to understand that smoking marijuana is not normal just because parents did it when they were young.
- 2) Educate storeowners about the dangers of over-the-counter drugs and the ingredients commonly used to manufacture methamphetamine.
- 3) Reinforce communications between law enforcement and prevention specialists.
- 4) Develop a working model where the schools and parents discuss things like tardies/absentism and slipping grades at an earlier stage.
- 5) Education regarding the impact of prenatal exposure to methamphetamine, and impact to children exposed to chemicals in homes where methamphetamine is manufactured.

# **Treatment Needs Analysis**

Needs identified for treatment included:

1) Recognize dual diagnosis issues.

- 2) Insurance coverage for necessary treatment that may require longer periods of time.
- 3) Higher Education and Job Service need to be part of the picture in order to answer some of the problems facing addicts in recovery.
- 4) Residential treatment opportunities.
- 5) Adequate treatment time for methamphetamine addiction or immediate relapse occurs

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) Do not let first time offenders slip through the cracks.
- 2) More resources to rural law enforcement.

#### **REGION VII**

# McLean, Sheridan, Mercer, Oliver, Burleigh, Kidder, Morton, Grant, Sioux, Emmons

## Introduction to the Region – Indicators of Risk

#### **Juveniles**

Region VII reported six indicators above, three nearly the same and three below the state rate or percentage. Alcohol indicators for current past 30–day users and current user and used before age 13, were higher among juveniles grades 9–12 living in Region VII. In addition, alcohol related arrests were also higher than the state rate (41.73 versus 36.35). Treatment for alcohol and drug addiction services was only slightly above the state rate (less than 1). Drug arrests were also above the state rate (6.91 compared to 4.51).

Current past 30-day use of tobacco and marijuana were also above the statewide percentage while inhalant and methamphetamine users fell below the statewide percentage.<sup>24</sup>

#### Adults

Among adults, only *alcohol related arrest* indicators for Region VII were higher than the state rate at 21.12 versus 19.56 per 1,000 population. *Drug arrest and treatment* indictors were nearly the same as the state rate.<sup>25</sup>

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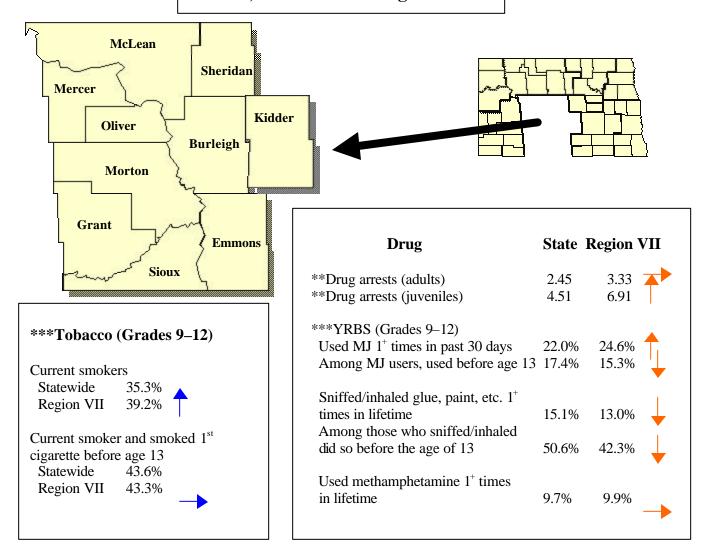
<sup>&</sup>lt;sup>24</sup> This region also included one Native American Indian Reservation – Standing Rock, Standing Rock Sioux Tribe. Schools managed by the Tribe may not have been included in the YRBS. Schools operated by the tribe completed their own survey and the results were not compiled with the state survey. This may have influenced the overall results for Region VII.

may have influenced the overall results for Region VII.

25 Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

## **Region VII – West Central**

## **Alcohol, Tobacco and Drug Indicators**



Alcohol	State	Region VII
*Alcohol & drug treatment (18 <sup>+</sup> ) *Alcohol & drug treatment (<18)	7.30 8.52	7.36 9.39
**DUI & liquor law violations (18 <sup>+</sup> ) **DUI & liquor law violations (<18)	19.56 36.35	21.12 41.73
***YRBS (Grades 9–12) Drank alcohol 1 <sup>+</sup> days in past 30 days Current drinker & 1 <sup>st</sup> drink before age 13	59.2% 37.4%	62.3% 38.5%

<sup>\*</sup> Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

The Bismarck school district and Bismarck police department have partnered to continue the school resource officer program. The officers cover high schools and middle schools in the community. Officers spend 75% of their time in schools and also provide a variety of education programs. Community leaders identified alcohol and marijuana as the main problem in the community. They noted that methamphetamine is a growing problem that has caused them to focus on several festering issues ... one of which is the draw of addiction versus the fear of prosecution. As the community combats substance abuse it was noted that there seems to be a lack of understanding regarding the focus of the other disciplines, i.e. prevention, treatment and enforcement. It was suggested that more be done to coordinate the efforts of the three disciplines. Members of the community have formed a community coalition to coordinate prevention programming, and the City of Bismarck has formed a task force to develop education strategies on methamphetamine abuse.

Treatment issues were discussed, noting that while outpatient treatment makes treatment affordable and keeps people in their surroundings, there is a need for a residential component. Several individuals raised concerns about the need for more residential treatment facilities, and the need for more juvenile services. Testimony was presented about universities in other states that offer special recovery programs for students. The need for similar programs at colleges in North Dakota was emphasized.

#### **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Simple, low–cost testing tools made available to parents.
- 2) Education at the elementary level.
- 3) Statewide coordination of a mentoring infrastructure.

# Treatment Needs Analysis

Needs identified for treatment included:

- 1) Treatment options for people who are not in the criminal justice system ... residential facilities
- 2) Recovery programs at colleges, including recovery dorms, counselors, AA meetings, and recovery programming.
- 3) Program to deal with children exposed to toxic chemicals used in the manufacture of methamphetamine.
- 4) Affordable and flexible insurance coverage.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) More law enforcement resources.
- 2) Training to ensure the proper handling of toxic chemicals.
- 3) Address the issue of addiction to methamphetamine versus the fear of prosecution ... the penalties are not enough.

#### **REGION VIII**

# Billings, Dunn, Stark, Golden Valley, Slope, Hettinger, Bowman, Adams

#### Introduction to the Region – Indicators of Risk

#### **Juveniles**

Six indicators for Region VIII were above the state rate or percentage. *Alcohol related arrests, current 30–day past user of alcohol* were higher among juveniles in Region VIII, while *current user of alcohol* and *first drink before age 13* were about the same as the state percentage. In comparison, *alcohol and drug treatment* indicators were substantially above the state rate (4.45 people per 1,000 population more than the state rate of 8.52).

Having used methamphetamine in ones lifetime, being a current past 30-day user of tobacco, and being a current user of marijuana and having used before age 13 were also higher among juveniles living in Region VIII as compared to the state.

Drug arrests, current past 30–day marijuana and inhalant user indicators were lower than the state rate or percentage. Being a current smoker and smoking before the age of 13 were also lower than the statewide percentage.<sup>26</sup>

#### **Adults**

Among adults, *drug and alcohol related arrest* indicator were lower than the state rate per 1,000 population. The *alcohol and drug treatment* rate was slightly higher.<sup>27</sup>

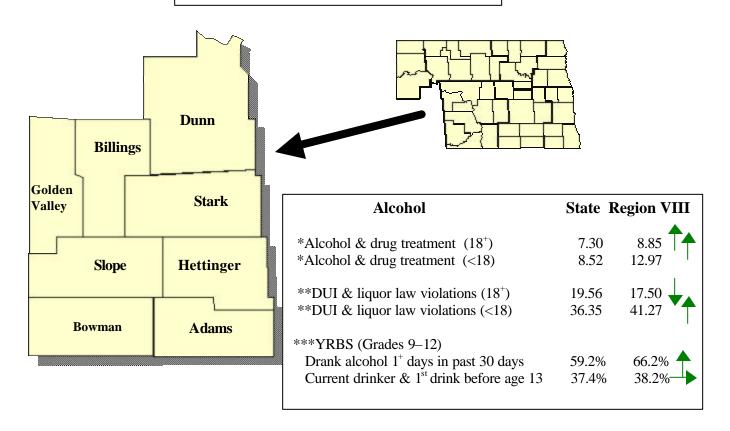
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The Three Affiliated Tribes of the Fort Berthold Indian Reservation is partially located in Region VIII. Schools managed by the tribe may not have been included in the YRBS. Schools operated by the tribe completed their own survey and the results were not compiled with the state survey. This may have influenced the overall results for Region VIII.

<sup>&</sup>lt;sup>27</sup> Reporting of arrest data is not mandatory within North Dakota. The Bureau of Indian Affairs and tribal agencies do not report arrest data to the state.

# Region VIII - Badlands

# **Alcohol, Tobacco and Drug Indicators**



Drug	State I	Region VIII
**Drug arrests (adults) **Drug arrests (juveniles)	2.45 4.51	1.21
***YRBS (Grades 9–12) Used MJ 1 <sup>+</sup> times in past 30 days Among MJ users, used before age 13	22.0% 17.4%	19.5% 25.8%
Sniffed/inhaled glue, paint, etc. 1 <sup>+</sup> times in lifetime Among those who sniffed/inhaled did so before the age of 13	15.1% 50.6%	15.3%
Used methamphetamine 1 <sup>+</sup> times in lifetime	9.7%	12.3%

***Tobacco (	(Grades 9–12)
Current smoker	rs
Statewide	35.3%
Region VIII	38.4%
Current smoker cigarette before Statewide Region VIII	43.6%

<sup>\*</sup> Mean rate per 1,000 population (1998 – 2001) (Services delivered by regional human service centers only.)

<sup>\*\*</sup> Mean rate per 1,000 population (1995 – 2000)

<sup>\*\*\* 2001</sup> YRBS data is reported as a percentage of respondents among grades 9–12.

#### Overview

Region VIII participants summarized substance abuse issues in the area with two key observations ... 1) alcohol is the number one problem with adults and youth and 2) tobacco usage is a gateway drug with 13 as the average age of first use in the region. Local statistics suggest an increase in alcohol violations and a corresponding increase in alcohol—related juvenile visits to emergency rooms, automobile accidents and domestic violence reports. An increase in prescription drug use was noted. Law enforcement discussed the frustration of dealing with offenders who are not afraid of the penalties. Consequently, it is difficult to convince them to be part of the solution. Concern was expressed regarding the need for a detox facility.

Schools participate in *Project Northland* with classes beginning in the 6th grade. As in other areas, there is low attendance at parent education programs. It was suggested that to be successful, prevention needs to be delivered to the parents where they work, where they pray or where they stay. Some prevention programs are being done at the 4<sup>th</sup> grade level, but the message sometimes clashes with the actions of the parents causing children to not understand the message. Sunrise Youth Bureau provides a law enforcement presence in the schools. The school system also has a Teen Action Group where young people sign pledges to be substance free. Members conduct education programs for peers and younger children.

Treatment providers discussed the six-week outpatient program and the new adolescent treatment program. As in other areas, multi-generational abusers are common in the region. The lack of a residential facility or inpatient facility for juveniles was raised as an important issue. Presently young people must be transported to Minot, Williston or Billings. Often law enforcement is involved in the transport to these facilities and that has a significant impact on resources.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) Statewide program directed at providing parents with basic parenting skills for dealing with substance abuse.
- 2) Education at the elementary level.
- 3) Parent education needs to be brought to parents.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Detox center for juveniles that is safe and where screening can be done.
- 2) Residential facility.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) Encourage the use of crime stopper type programs to get citizens to provide information to law enforcement.
- 2) More law enforcement support in the Southwestern portion of the state.

#### **Native American Information**

#### Overview

**Editor's note:** In addition to receiving information at Commission meetings and the regional public forums, the Commission also held a special public forum on tribal issues at the Standing Rock Reservation. Representatives from each tribe were in attendance along with more than 25 young people. In light of the varying degree of representation of different disciplines from each reservation, this overview presents a composite of all information presented during the Commission's study.

The Native American community faces its own unique challenges in the substance abuse area. Insufficient staffing, turf obstacles, unemployment, economic challenges and isolation from services are but a few of the issues facing tribal leaders. Add to these the residual effects of the boarding school program that sent many Native American parents and grandparents away from their communities and homes. The present system does not include alternative sentencing options, has limited resources for youth and witnesses a high rate of recidivism. Culture—appropriate prevention and treatment programs are needed, parents must be engaged to learn about the dangers of substance abuse and communities must recognize the importance of encouraging substance free life styles. While a portion of tribal gaming proceeds are being used to address substance addiction issues, overall welfare and infrastructure demands at each reservation place a strain on gaming proceeds. As such, there are limited resources from gaming proceeds for additional services.

It was reported that smoking and experimentation with inhalants start in elementary school. Traditionally, tobacco played a role in Native American religion and medicine, but today tobacco has lost its sacredness because many Native people have lost the understanding of its traditional purpose. Its daily habitual use has caused tobacco to become a health hazard. To overcome tobacco abuse on the reservation the level of awareness must be raised. Education programs need to focus on the dangers of tobacco and inhalants at an earlier age. The need for more Native American role models to serve as teachers at schools and as youth counselors on the reservations was identified.

Young adults from several tribes were present at the forum. Several of the young people identified the importance of family support in facilitating their decision to stay alcohol and drug free. They identified the need for: 1) more positive after—school activities, such as indoor swimming pools; 2) resources for young people who exhibit mental health issues, like depression; 3) support groups or more trained adults to help juveniles understand the importance of staying drug—free when a family is dysfunctional and substance abusive; 4) safe school environments which include methods for discovering drug and alcohol use in the schools or on school property and no tolerance policies for the threat of or actual physical harm to students while in school; 5) education

opportunities for youth to become acquainted with law enforcement; 6) opportunities to learn tribal culture and history; and 7) more groups like the United Dakota Youth Council which provides support for tribal youth through regular meetings and community improvement projects. In response to these comments, Turtle Mountain law enforcement indicated they have implemented a school resource officer program. School officials noted they also use a canine unit for drug searches on school property. They also explained the school district's no tolerance policy as including expulsion for anyone caught with drugs or alcohol or for selling. Through an informal cooperative agreement with other schools in the surrounding area, students expelled from one school for violating the no tolerance rule are not allowed to enroll in neighboring schools. The Belcourt School District #7 also recently received a three-year grant to hire three drug and alcohol counselors for the school. They also discussed the "Even Start" program - a support program for families. This program includes three professionals who provide support and education for parents on a semi-individual basis.

Observations were shared at the meeting that reservation communities do not have adequate prevention and intervention available for young people. For example, the Spirit Lake Nation has one adolescent addiction counselor for the entire reservation. This is particularly troublesome in light of the report that methamphetamine abuse is growing on the reservations. Representatives from Standing Rock noted similar concerns. At Belcourt, two programs have shown signs of success - the Sacred Child Project and a mentoring program. The success may be related to the fact that the programs go straight into the home and provide young people with individual attention. Turtle Mountain also has an emergency shelter for adolescents, but it has trouble handling the high demand as it provides services for youth not only from Turtle Mountain, but also from Spirit Lake. Many of the young people staying at the shelter have substance abuse issues. Federal services for substance abuse issues are not Representatives from Three Affiliated Tribes echoed these concerns, adequate. emphasizing the need for prevention resources, including a culturally sensitive prevention curriculum for schools and funding for intervention. The real need is funding to hire people to do the training and the prevention advocacy. Three Affiliated also reported having a low-intensity, day treatment program and six licensed addiction counselors, but stated these resources do not handle the overall need.

Spirit Lake has an adult treatment facility operated in conjunction with the Dept. of Corrections and Rehabilitation and some federal funding. Spirit Lake representatives also noted significant issues in securing funding for youth treatment programs. An emphasis was placed on establishing a working group (or perhaps utilizing the ND Indian Counselors on Addictive Disorders) to work more closely with the State to address reservation treatment issues. Comments were received regarding the need for sustained treatment programs on the reservation. Concerns were raised that Native Americans cannot return to the reservation community because of the lack of treatment options. In addition, Native American communities were encouraged to utilize researched—based treatment models that are not only proven to be effective, but that

are also culturally responsive. Finding ways to sustain effective programs was also identified as an important goal for Native American communities.

Law enforcement in Rolette County receives Byrne grant money for two narcotics investigators. In addition to being more proactive in the field, they have developed an intelligence gathering network and database that allows for a comprehensive approach for investigations. Methamphetamine busts on the Turtle Mountain Reservation are among the highest in the state. The high number of methamphetamine lab busts is attributed to the extra investigators, not to a higher incidence of methamphetamine use on this particular reservation. Law enforcement believes that if each reservation had more investigators, more lab busts would occur on each reservation. Law enforcement and school officials from Turtle Mountain reported increasing cooperation and collaboration between the two groups to fight substance abuse issues.

Dysfunctional families are adding to the strain placed on the juvenile justice system. Representatives from Spirit Lake emphasized the need for parents to play a greater role when juveniles are in the system. Parents should be required to participate in the process in order to foster the redevelopment of the family and the parent/child relationship. They also encouraged legislators and tribal leaders to improve laws and penalties for parents (or adults) contributing to minors. On some of the reservations, law enforcement resources are so overwhelmed with adult crime they have trouble dealing with juvenile criminal (and abuse) issues. When law enforcement is not able to focus on juvenile activities, juveniles are left in an environment with no consequences for their activities, and the criminal spiral begins.

# **Prevention Needs Analysis**

Needs identified for prevention included:

- 1) An understanding of how the traditional role of tobacco in Native American culture has changed and has now become a health hazard.
- 2) Education must start as early as elementary school regarding tobacco and the dangers of inhalants.
- 3) Sustainable, effective, and culturally sensitive prevention programs for Native American communities.
- 4) Coordination of statistics on substance abuse and law enforcement efforts between the State and the tribes.
- 5) Resources to support the healing of dysfunctional families.
- 6) Funding to hire prevention staff.

7) After–school activities for youth, including the support structure for youth groups focusing on abstinence and community projects.

<sup>&</sup>lt;sup>28</sup> Information regarding the issues facing the Spirit Lake reservation is included at Attachment I.

# **Treatment Needs Analysis**

Needs identified for treatment included:

- 1) Adequate and available treatment for youth and the Native American community.
- 2) More support and collaboration between tribes and with the state to address treatment issues.
- 3) Dialogue between federal, state and tribal leaders regarding improved funding mechanisms for treatment support and infrastructure.

# **Enforcement Needs Analysis**

Needs identified for enforcement included:

- 1) More resources dedicated to prevention and investigation.
- 2) Focus on juvenile crimes and substance-related issues.
- 3) School resource officer programs.

#### RECOMMENDATIONS

#### A. PREVENTION

1. School programs are important, but only a part of the prevention formula.

A school's main work is to educate and provide students with academic success. The new "No Child Left Behind" legislation holds schools accountable for academic achievement. Schools can provide the following:

- Mentoring older children to younger children with adult guidance.
- Encourage the use of SADD (Students Against Destructive Decisions) Chapters to create a positive environment for no—use.
  - Can be used as an AA/Al–Anon group.
  - ➤ Used for reintegration of youth that have gone through treatment.
  - Positive peer group of non-users.
- Develop plans and policy for reintegration of youth after treatment.
- Educate teachers to identify "youth at risk" early.
- Educate students and school staff for key underlying issues of balanced life and self-esteem.
- Promote student and staff respect and character.
- Promote research-based prevention practices and curriculums. Include:
  - Recognition of tobacco as a gateway drug
  - ➤ The importance of never experimenting with methamphetamine or other "club scene" drugs
- Promote school security officers.
  - Another professional on staff to assist with difficult situations.
  - Law enforcement has the opportunity to establish relationships with youth.
- 2. Coordinate between the tribal governments and the State to ensure consistent incorporation of the YRBS in tribal schools and to incorporate tribal YRBS statistics into the statewide statistics.
- 3. Parent awareness and education about alcohol, tobacco and other drugs issues are necessary. The Commission should explore the possibilities of collaborating

with the NDSU Extension Service to use its curriculum on teaching parents about role modeling as a first step.

- Parents will become aware of the destructiveness of the status quo attitude ... "Thank heavens it is only beer, not drugs."
- Parents will receive education for the early detection of problems in the children.
  - Know and understand what drugs are available and their effects.
  - Understand drug-testing kits.
  - Recognize the strong correlation of substance abuse with aggressive behaviors and other risk behaviors.
- 4. Explore options for the types of programs available under existing federal prevention grant funding to enhance prevention programs on the reservations.
- 5. School/community connections are imperative to good prevention programs.
  - Community coalitions, either school or community driven, are essential for a united effort toward prevention.
    - ➤ In the communities with smaller populations, one coalition for community and school prevention efforts with sub teams in specific risk areas will unite the efforts without over taxing the efforts of just a few leaders.
  - Show children that they are loved, wanted and appreciated.
    - ➤ Children are integral members of our communities; therefore their problems are not just the responsibility of the parents or school.
  - Find ways to promote respect and help understand cultural diversity.
  - Raise the consciousness of the community about alcohol, tobacco and other drug issues.
    - There is a need to change what the community is willing to accept as normal behavior and attitudes toward alcohol and tobacco use.
    - Be aware of sending youth contradicting messages.
- 6. Promote the implementation of the educational strategies outlined in CDC's Guidelines for School Health Programs to Prevent Tobacco Use.
  - Provide evidence—based tobacco prevention education in grades K–12 including program specific training for teachers.

- Implement and enforce comprehensive school policy on tobacco use.
- Support cessation efforts among students and staff who use tobacco.
- Involve parents or families in support of school—based programs to prevent tobacco use.
- 7. Support local tobacco prevention and control programs through the Community Health Grant Program.
- 8. Evaluate present substance abuse programming in the higher education system to determine existing needs, what is being addressed and which areas need further support.

#### B. TREATMENT

- 1. A work group representative of the North Dakota treatment providers, both public and private, should develop a comprehensive plan to update and communicate the addiction treatment system in North Dakota.
  - Licensure standards for treatment programs should be reviewed and revised, using the most current American Society on Addiction Medicine Patient Placement Criteria (ASAM PPC) as guidance.
  - Best practices research and possible technical assistance from the Center for Substance Abuse Treatment (CSAT) should be utilized.
  - A treatment resource guide including licensure requirements should be produced, placed on a web site, and made available in print for broad distribution in the state.
  - A standardized format for public education on signs and symptoms of addiction, referral information, and current treatment approaches should be made available to a wide variety of groups throughout the state.
  - Using available research and effective treatment models, and after exploring possible funding resources, the work group should recommend the feasibility of establishing one, and possibly two, residential treatment programs specializing in the treatment of methamphetamine addiction.
- 2. Form a subcommittee of the Commission consisting of federal, state and tribal representatives to examine funding of substance abuse programs and related infrastructure needs on the reservations.

- 3. Draft legislation to realign mandated coverage for substance abuse treatment with current best practice.
- 4. Explore the cost, effectiveness, and resource availability for both juvenile and adult drug courts throughout North Dakota.
- 5. Resources should be re-allocated to develop new (and to support existing) continuing care approaches specific to the needs of adolescents newly in recovery.
- 6. Treatment programming designed specifically to treat persons with co–occurring addiction and mental illness should be implemented, as resources will allow.
- 7. Provide coverage for the treatment of nicotine dependence under both public and private insurance. Insurance plans should include as a reimbursed benefit the counseling and pharmacotherapeutic treatments identified in the Public Health Service Clinical Practice Guidelines.
- 8. Establish tobacco counseling and treatment programs, such as cessation-quit lines.
- 9. Incorporate changes in the health care system so all health care providers track tobacco as a vital sign and offer cessation counseling.
- 10. The Commission should coordinate meetings with the Congressional delegation, representatives from the Indian Health Services agency and tribal representatives to examine ways to enhance treatment (for both juveniles and adults) efforts on the reservations.
- 11. Encourage tribal programs to pursue available Medicaid reimbursement for services.
- 12. Explore options to enhance the licensing or certification of more addiction counselors to work in tribal programs.

#### C. ENFORCEMENT

- 1. Require the installation of locking devices on anhydrous ammonia tanks through an administrative rule process until science shows anhydrous ammonia can be neutralized as a methamphetamine precursor chemical.
- 2. The Office of Attorney General should seek budget enhancements to cover the cost of employing at least two additional agents for narcotics task forces.

- Develop a continuing education curriculum for states attorneys regarding the prosecution of methamphetamine cases, and develop a program with the U.S. Attorney's Office that allows the HIDTA prosecutor to assist with prosecutions in rural areas.
- 4. Prepare legislation to move the crime laboratory from the Health Department to the Office of Attorney General.
- 5. Prepare legislation limiting the amount of ephedrine and ephedrine–related products that may be purchased from a retail establishment.
- 6. Continue to encourage the retail community's participation in the *Retail Meth Watch* program, and produce a "Meth Watch" training video for distribution across the state. Disseminate a similar program to landlords, farmers and hunters.
- 7. Prepare legislation enhancing the penalty for possession of methamphetamine when dangerous weapons are present.
- 8. Establish a funding mechanism to allow specialized team from urban areas to assist rural law enforcement in raids on methamphetamine labs and other specialized forces situations.
- Enforce the illegal possession and sales of tobacco products to underage youth.
   Increase the penalties assessed against retailers, clerks and youth found to be non-compliant.
- 10. Enforce no-smoking regulations and policies by a combined effort of law enforcement, retailers and community members working together.
- 11. Report youth tobacco violations to schools in the same manner as alcohol and other drug violations are reported.
- 12. Continue to support and facilitate cooperation between federal, state and local law enforcement entities by seeking further enhancements to help fund regional narcotics task force activities.
- 13. Develop a standard to hold individuals accountable for the cost of remediating toxic chemical contamination caused by the careless disposal of chemical waste associated with the manufacture of methamphetamine.
- 14. Amend present child endangerment laws to address the safety of children living in environments where methamphetamine is manufactured.

#### D. OTHER RECOMMENDATIONS

- 1. Enhance the state's capacity to conduct research and evaluation on youth risk behaviors to assist in state and local planning. Develop a central repository for data and data evaluation. Support the criminal justice information—sharing project and encourage continued cooperation between the courts, corrections, law enforcement, state's attorneys and the state to develop a statewide comprehensive information sharing system.
- 2. Coordinate efforts among the ND Commission on Drugs and Alcohol, Healthy North Dakota Initiative and other related tobacco, alcohol, and drug plans.
- 3. The government alone cannot solve the drug and alcohol problems facing the State of North Dakota. State agencies involved with substance abuse issues should continue to facilitate existing efforts at the local level involving schools, community coalitions, mentoring organizations (such as Big Brothers/Big Sisters), churches and other local organizations. An emphasis should be placed on developing new opportunities to expand collaborative efforts encouraging community coalitions.

#### **Action Plan**

All too often plans are developed, publicized and laid to rest on a shelf. Unique to this plan is the fact that the Commission intends to continue its work after the Legislative Session has adjourned. During the interim, Commission members will encourage legislators to adopt the legislative proposals recommended in the plan. These initiatives include:

- ? Rules requiring the installation of locking devices on all anhydrous ammonia tanks.
- ? An increase in the Office of Attorney General's appropriation to add at least two additional agents for narcotics task forces.
- ? A bill moving the crime laboratory from the Department of Health to the Office of Attorney General.
- ? A bill limiting the amount of ephedrine and ephedrine—related products that may be purchased from a retail establishment.
- ? A bill enhancing the penalty for possession of methamphetamine when dangerous weapons are present.
- ? A bill realigning mandated coverage for substance abuse treatment with current best practices.
- ? A bill establishing a funding mechanism to allow specialized teams from urban areas to assist rural law enforcement raids on methamphetamine labs and other specialized forces situations.
- ? A bill amending present child endangerment laws to address the safety of children living in environments where methamphetamine is manufactured.
- ? A bill establishing the criminal justice information sharing board and encouraging the development of a central repository for criminal justice information (SB 2041).

Once the session has adjourned the Commission will begin its second phase, which will include work on each of the remaining recommendations. Among the many items included in the next phase will be an in-depth examination of funding sources to combat substance abuse, parameters for spending and new funding opportunities. The group will also enter into discussions with tribal leaders about treatment and prevention funding options, statistical reporting and licensing of addiction counselors. In addition, the Commission will facilitate the efforts of a special work group tasked with developing a comprehensive plan to update the addiction treatment system in North Dakota.

# **ATTACHMENT A**

SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO AND RISK-ASSOCIATED BEHAVIOR .PROGRAMS Prepared by the North Dakota Legislative Council staff for the Budget Committee on Government Services

October 2001

# SURVEY OF AGENCY ALCOHOL, DRUG, TOBACCO, AND RISK-ASSOCIATED BEHAVIOR PROGRAMS

Budget Committee on Government Services is to study, pursuant to Section 6 of 2001 Senate Bill No. 2380, programs dealing with the prevention and treatment of alcohol, drug, tobacco, and other types of risk-lated behavior programs and invite agencies to testify regarding agency programs. The following immary of the survey responses provided by agencies.

		2001-03 Blennium		
		Amount and Funding Source		Agency Detail
Anangy Cummary Report		for Each Agency		
Agency Summer Frederic			Total	
	General Fund	Federal and Special Funds	Funds	(
		\$7,429,934	\$7,429,934	Page 2
a Department of Health	1 276 176	6,210,001	7,486,177	Pages 3-5
ney General's office	4 870 593		9,915,835	Pages 6-7
artment of Corrections and Kenabilitation	9 105 623	<del></del>	23,867,658	Pages 8-11
arment of Human Services			984,000	Page 12
arment of transportation		3,428,692	3,428,692	Page 13
andent of Public Instruction	22,222	289,895	312,117	Page 14
eme Coun	0	1,764,000	1,764,000	Page 15
Sharic Guard	0	250,000	250,000	Page 16
Tell 5 Set vices Coolumning Commission	\$15,274,614	\$40,163,799	\$55,438,413	
desired anance passition of finds	0	2,436,822	2,436,822	
lotal all agencies	\$15,274,614	\$37,726,977	\$53,001,591	
s represents program funding that is reflected twice, by the agency receiving the fund	receiving the funds and the ager	is and the agency receiving the passthrough funds.		

e following pages provide for each agency the detail of the agency response, including the sources of funds, restrictions on the uses of funds, the length of time funding is available, and the anticipated uses of the

	Amoun fe	2001-03 Blennlum Amount and Funding Source for Each Program	n Source 1						
I, Drug, Tobacco, er Risk-Associated	=	Federal and Special	Total	Detail of So	ill of Sources of Federal	ederaí	Restrictions on the Uses of Funds	Length of Time Funding is Available	Anticipated Uses of Funds
partment of Health unity health trust Funding used for		\$4,700,000	\$4,700,000 Tobacco (10%)	Tobacco s (10%)	settlement	dollars	local public health units ventive health services emphasis on tobacco	July 1, 2001, through June 30, 2003	Majority of funds to go to to tobacco control. Anticipate 25-30% will go to other preventive health unit issues/concerns.
ims unity health trust Community health		350,000	350,000	350,000 Tobacco s	settlement	dollars	Conitol Goes to city and county govern- ment for tobacco education and cessation programs	July 1, 2001, through June 30, 2003	100% tobacco education and cessation programs
rs for Disease of and Prevention -		2,369,934	2,369,934	Centers for (CDC)	Disease	Control	e used for	Annual renewal	100% tobacco control
ims iation of Maternal Child Health ims Tobacco Free is III Mini-Grant - ig to promote ng cessation Inter- ns for pregnant	•	. 10,000	10,000	Through a ment with Disease Con of Maternal Programs of grants of \$1 promote s interventions women.	cooperative agree- the Centers for nitrol, the Association if and Child Health is providing mini- \$10,000 to states to smoking cessation is for pregnant	<del> </del>	Funds are to be used to support maternal and child health activities that will promote the USPHS/smoke-free families smoking cassation interventions by health plans and providers that serve pregnant women who smoke.	May 1, 2001, through April 30, 2002	too% of the funding will be used to provide training on the use of the USPHS/smoke-free families smoking cessation interventions to health care providers serving pregnant. American Indian women. Funding will cover travel stipends for training participants, speaker fees, conference, materials, and
ate Department of		\$7,429,934	\$7,429,934						enses,

	Anticipated Uses of Funds	Funds are passed through to the Department of Corrections and Rehabilitation. Program operations - \$564,557/100% Funds are used for personnel and operating expenses for the treatment unit located at the State Penitentiary.	Program operations \$1,148,676/90% Equipment - \$127,500/10%
	Length of Time Funding is Avallable	Funds must be appropriated on annual basis by Congress	
	Restrictions on the Uses of Funds	Residential substance abuse treatment grant funds are awarded to the states to assist them in implementing and enhancing residential substance abuse programs that provide individual and group treatment activities for offenders in residential facilities operated by state and local correctional agencies. These programs must:  Last between 6 and 12 months  Be provided in residential treatment facilities set apart from the general correctional population. Set apart means a totally separate facility or a dedicated housing unit within a facility exclusively for use by program participants.  Focus on the substance abuse and related problems of the inmate's cognility, behavioral, social, vocational, and other skills to solve the substance abuse	
	Detail of Sources of Federal	Residential substance abuse treatment for State Prisoners Grant Program - Corrections Program Office, United States Department of Justice	
n Source n	Total	\$564,557	1,276,176
2001-03 Biennlum Amount and Funding Source for Each Program	Federal and Special	\$564,557	
20 Amount for	<b>1</b>		\$1,276,176
	Alcohol, Drug, Tobacco, and Other Risk-Associated	Henavior Programs Attorney General's office Residential substance abuse treatment for state prisoners grant program - A passthrough grant for addiction treatment of state prisoners	Narcolics section - Includes all of the state's 12 drug enforcement agents responsible for

	20 Amoun fo	2001-03 Blennlum Amount and Funding Source for Each Program	m Source n				
iol, Drug, Tobacco, her Risk-Associated	General	Federal and Special	Total	Detail of Sources of Federal	Restrictions on the	Length of Time Funding is Available	Anticipated Uses of Funds
havior Programs stigations of drug as, dealers, and ufacturers	Fund	Funds	Funds	and opecial runds			Funds are used for personnel, operating expenses, confidential funds, and equipment used in narcotics investigations.
nterAct - Drug preven- programs almed at es 4 through 6. The is used to train local enforcement officers		\$45,000	\$45,000	U = 2 D = 5	Funds must be used to train/certify law enforcement officers on CounterAct program and purchase CounterAct materials tor grades 5 and 6 students.	Funds are awarded annually through a compellitive grant application process initiated by the Department of Human Services.	Program operations - \$45,000/100% Train law enforcement and purchase materials for students
to provide classroom rials. estic cannabis eradi- risuppression pro- 1 - A federal grant for marijuana		82,000	82,000	Health and Substance Abuse Division  Domestic cannabis eradication/suppression program - Drug Enforcement Administration, Literia States Department of	Funds must be used for law fanforcement efforts in eradicating and investigating maripuna trafficking in the state.	Funds must be appropriated on annual basis by Congress.	Program operations - \$65,600/80% Equipment - \$16,400/20% Funds are used for purchasing
vest High Intensity Trafficking Area - sraf cooperative ement almed at the		1,118,444	1,118,444		to meas- disrupt the tton, and sturing of	Funds must be appropriated on annual basis by Congress.	equipment and supplies used in marijuana investigation and eradication efforts.  Program operations - \$1,093,444/98%  Equipment - \$25,000/2%  Funds are used for personnel, consoling experience confidential,
4 6 5 5		4,400,000²	4,400,000	Edward Byrne Memorial state and local law enforcement assis- tence formula grant program - Purcer of trettes Assistance		Funds must be appropriated on annual basis by Congress.	funds and equipment used in methamphetamine investigation and eradication efforts.  Administration - \$308,000/7%  Funds are used to manage grant contracts to ensure compliance
ula grant program - sral funding used at state and local level					28 legislative purpose areas to which Byrne formula funds can be used - Please refer to separate document for details.		With receive a regulation.  Grants - \$3,872,000/88%

	7	2001-03 Blennlum	E				•
	Amoun	<b>Amount and Funding Source</b>	Source				
	fo	for Each Program	Ę		٠		
Alcohol, Drug, Tobacco,		Federal and				, !	
and Other Risk-Associated	General	Special	Total	Detail of Sources of Federal	Restrictions on the	Length of Time	Anticipated Uses
Behavior Programs	Fund	Funds	Funds	and Special Funds	Uses of Funds	Funding is Available	of Funds
for antidura abuse							Funds are awarded to local units
							of government, state agencies,
	,						and Indian Iribes for criminal
							Justice purposes.
	•						Program operations - \$220,000/
						,	2%
							Funds are used to support
							criminal justice records improve-
							ment plans.
Total Attorney General's	\$1,276,176	\$6,210,001	\$7,486,177				
office							

1 The amount is also included in the Department of Human Services Governor's fund for safe and drug-free schools and communities program as special funds.

	Anticipated Uses of Funds			Operating - \$138,609		Salaries - \$89,467	Operating - \$3,065,840				Please refer to separate upcu-	Ment tot details.													Salaries - \$610,919	Operating - \$128,142		
	Length of Time Funding is Available		October 1, 2001, through	September ou, zoot			December 31, 2003			•	Please refer to separate docu-	ment for details.													2001-03			
	Restrictions on the	Oses of ruling		court implementation (75% federal, 25% local)		Restricted program quidelines	(72% federal, 28% local)				Please refer to separate docu-	ment for details.													42			
	Detail of Sources of Federal	and Special Funds	\$175.843 - Federal drug grant	\$58,624 - Special		Act of the Columbia					Please refer to separate docu-	ment fo	•															
n Source n	Total	Funds	\$234 A67				3,155,307				000 700 7	4,034,000													-	139,067		
2001-03 Blennlum Amount and Funding Source for Each Program	Federal and Special	Funds	**************************************	104,4026			716,775				,000,000,	4,094,000																
200 Amount	Coneral	Fund					\$2,438,532		erene e																	739,061		
	Alcohol, Drug, Tobacco, and	Other Risk-Associated Behavlor Programs	Department of Corrections and Rehabilitation	Drug court - An adult serv- loes program in Burteigh and	Morton Counties which handles drug (90%) and	driving under the iminerical (DUI) (10%) cases	Alternative to incarceration -	Programs providing alterna-		and	reporting	Department of Corrections	and Rehabilitation juvenile	Title V irvenile delinguency	prevention grants and the	uvenile accountability incen-	live block grant. The	majority of this funding is	provided to political subdivi-	sions for juvenile programs	and are not required to be	used for grug of alcohol	an estimate from the depart-	ment and depends on the	federal grants available.)	Mental health unit - Conducts	assessments and provides treatment for inmates with	addiction problems

				Anticipated Uses	of Funds	Onoroting 64 BOO 000	Operating - \$1,000,000													Salaries - \$89,702	Operating - \$3 298			
				The House	Conding to Available	COST OF	2001-03	•												2001-03				
					Restrictions on the	Uses of runds	N/A			-										N/A				
					Detail of Sources of Federal	and Special Funds	NA													N/A				
E	Source	Ε			Total		\$1,600,000													93,000 N/A			\$9,915,835	-
2001-03 Blennlum	Amount and Funding Source	for Each Program	Federal	PLE	Special	Funds		•															\$5,045,242	
20	Amount	9			General	Fund	\$1,600,000³													93,000			\$4,870,593	
				Alcohol, Drug, Tobacco, and	Other Risk-Associated	Behavior Programs	DUI offender treatment	program - Provides for the	department to contract with	the State Hospital to estab-	lish a DUI offender treatment	program that will result in 25	inmates per month being	housed at the State Hospital	rather than being incarcer-	ated in a Department of	Corrections and Rehabilita-	tion facility or being housed	in a contract jail	Youth Correctional Center	treatment program -	for youth	Total Department of Correc-	tions and Rehabilitation

1 The amount is also included in the Attorney General's Edward Byrne Memorial grant as special funds.

2 \$200,000 of this amount is also included in the Supreme Court juvenile drug court as special funds.

<sup>1</sup> This reflects the total to be paid the State Hospital. The Department of Human Services survey includes \$1,261,342 of special funds from the Department of Corrections and Rehabilitation for the driving under the influence treatment program. The \$338,858 balance relates to dietary and support services expenses, which are not allocated for individual patients by the Department of Human Services.

	20 Amount	2001-03 Blennium Amount and Funding Source	m Source				
	Q	for Each Program	F				
Alcohol, Drug, Tobacco, and Other Risk-Associated	General	Federal and Special	Total	Detail of Sources of Federal and Special Funds	Restrictions on the Uses of Funds	Length of Time Funding is Available	Anticipated Uses of Funds
Department of Human Services Treatment services	\$6,510,436	\$5,738,137	57	Substance abuse prevention and reatment block grant -	The state shall not expend grant funds on the following:	Two years	To provide treatment of substance abuse including
				\$3,431,800	To provide inpatient hospital services		ence for admission into treat- ment services is in the following
					To make cash payments to intended recipients of services		order: Pregnant Injecting drug users
					To purchase or improve land; purchase, construct, or		Pregnant substance abusers Infecting dua users
					unprove other facility major me		All other substance abusers Administration - \$0/0%
					To salisfy any requirement for the expenditure of nonfederal funds		Program operations - \$7,410,779/60.5% Equipment - \$1,500/0%
					. To provide financial assistance to any entity other than a public or nonprofit private entity		Grants/contracts - \$4,836,294/ 39.5%
,					To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs		
				Medical assistance - \$1,388,854	None	Two years	
				Collections - \$917,483	None	Two years	•
Treatment services provided at the State Hospital	2,489,045	3,423,694	5,912,739	Collections from insurance - \$2,162,352	None .	Two years	To provide inpatient freatment of substance abuse, including alcohol and other drugs
	_		_	-			

	. seal feet	of Funds	programs and activities for:	Children and youth not normally served by state or local educational agencies	Populations that need special or additional resources	.Grants/contracts - \$857,000/ 100%	To support and enhance state efforts, in cooperation with local	prohibiting the sale of alcoholic	beverages to, or the consumption of alcoholic beverages by, minors	Activities may include:	Statewide task forces of state	and local law enforcement and prosecutorial agencies	Public advertising programs to educate establishments about	statutory promotitoris and	Innovative programs to prevent and combat underage drinking	Operating expenses -	Grants/contracts - \$715,000/ 99.3%
	į	Length of Time Funding is Available					Two years										
		Restrictions on the Uses of Funds					Cannot be used to supplant state or local funds	Funding can be suspended if:	Failure to adhere to requirements or conditions placed on	grant colling to enhall renorts	2	Filing a false certification	Olher good cause shown			·	
		Detail of Sources of Federal	and Special runus				Enforcing underage drinking	funded by the Department of	Justice.								
E	Source	Total	Funds				\$720,000										
2001-03 Biennium	Amount and Funding Source for Each Program	Federal and Special	Funds		٠		\$720,000										
20	Amount	General	Fund														
		Alcohol, Drug, Tobacco,	Behavior Programs		_		Department of Justice	_	Funding is used in underage drinking preven- tion programs								77.00

39146

	20 Amount	2001-03 Biennium Amount and Funding Source	Source				
Alcohol, Drug, Tobacco, and Other Risk-Associated	General	Federal and Special		Detail of Sources of Federal	Restrictions on the	Length of Time Funding is Available	Anticipated Uses of Funds
Behavior Programs  Native American youth alcohol and drug prevention program - Funding is used for youth alcohol and drug prevention programs for Native Americans.	Fund	\$200,000³	\$200,000	and special runds Commiltee funds	pent for by the rogram. Ident is natching unt with	Two years	Money is allocated to each of the four tribes to be used for alcohol and other drug education programs.  Grants/contracts - \$200,000/100%
Total Department of Human Services	\$9,105,623	\$9,105,623 \$14,762,035 \$23,867,658	\$23,867,658		The \$338,658 difference in the	l efender treatment program. The	\$338,658 difference in the

1 The Department of Corrections and Rehabilitation survey includes \$1,600,000 general fund moneys to be provided to the State Hospital for the DUI offender treatment program. Tamounts shown as funding for the program relates to dietary and support services expenses, which are not allocated for individual patients by the Department of Human Services.

2 \$45,000 of this amount is also included in the Attorney General's office contact program as special funds.

3 The amount is also included in the Children's Services Coordinating Committee Native American drug and alcohol program as special funds.

	7	2004_03 Riennissm					
	•	A confirmation of					
	Amour	Amount and runding source for Each Program	aomos u		•	· nollelingand selimin	
ohol, Drug, Tobacco,	1.	Federal and	l	Potential Courses of Federal	Explanation of Any Restrictions Placed on	Date of Sunset Provision on	Anticipated Uses
Other Risk-Associated lehavior Programs	General Fund	Special	Funds	and Special Funds	Funding Uses	Funding	
rtment of sportation 2 highway traffic safety		\$312,000	\$312,000	-	402 funds must be used for nonleads involving highway safety	402 funds are allocated annually and follow the federal fiscal year	402 funds (2002) only \$30,000 (20%) - Administration
unding is used for fake training, teen court,				state from the National highers Traffic Safety Administration and is based on a formula.	issues. A portion of the funding within the North Dakola highway	(October 1-September 30).	\$112,000 (80%) - Grants to local agencies primarily for youth
ving, and the cops-in-					safety plan is dedicated to alcohol countermeasures and wouth projects.		prevention enous
		172,000	172,000				In 2002, \$172,000 will be used for law enforcement testing and
							enforcement equipment because of a transfer of funds to highway
		000	200 000	410 te an incentive grant avail-	410 funds must be used for	410 funds follow the federal	410 funds (2002) only
int - Funding is used for				able to sta	alcohol countermeasure projects only.	fiscal calendar but must be applied for each year.	
ohol countermeasure livilles and other				and data elements.			_
ᄝ							\$129,000 (48%) - Law enforce- ment overtime
							\$5,000 (1%) - Training
							\$40,000 (15%) - Youth activities
Department of		\$984,000	\$984,000				
sportation							

	Amoun	Amount and Funding Source	m Source				
Alcohol, Drug, Tobacco, and Other Risk-Associated	General	Federal and Special	Total	Detail of Sources of Federal	Restrictions on the Uses of Funds	Length of Time Funding is Available	Anticipated Uses of Funds
Department of Public Instruction Title IV safe and drug-free schools and communities program - Funding for reducing alcohol, drug, and tobacco use through education and prevention		\$3,428,692		\$3,428,692 Department of Education	For prevention activities and Authorized annually as of July 1. \$3,120,110 (91%) - Local educaerary intervention. Not to be The funds must be expended ton gencies and within 27 months. \$171,434 (5%) - Technical assistance to local education agencies \$137,148 (4%) - Administration	Authorized annually as of July 1. The funds must be expended within 27 months.	\$3,120,110 (91%) - Local educa- tion agencies' grants \$171,434 (5%) - Technical assis- tance to local education agencies \$137,148 (4%) - Administration

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	20	2001-03 Blennlum	n					
	Amount	Amount and Funding Source	Source					
Alcohol, Drug, Tobacco, and Other Risk-Associated	General	Federal and Special	i i	Cetail of Sources of Federal	Restrictions on the	Length of Time Funding is Available	Anticipated Uses of Funds	İ
Behavior Programs	Fund	Funds	rungs	alla opecial i alla				
Supreme Court		¢76 100	¢76 190	476 190 Haderage drinking prevention	drinking prevention Implementation of East Central Expires May 31, 2002	Expires May 31, 2002	6%/\$4,545 - Personnel	
Juvenile drug court		2	· ·	$\equiv$	Judicial District Juvenile Drug		78%/\$60,020 - Operating	•
treatment program to inter-					Court		16%/\$11,625 - Video	
vene in alcohol and drug use through court intervention.							Total - \$76,190	
	600 000	1000 000	222 222	. Invenile accountability incentive	Juvenile accountability incentive Implementation of juvenile drug	Full biennlum	10%/\$22,222 - Personnel	
Juvenie drug court	456,466	200,000		block grant (through Department	court		90%/\$200,000 - Operating	
				of Corrections and Rehabili-			Total - \$222,222	
tings brisb ellinomi		13.7052	13.705	Edward	Byrne Memorial grant Implementation of juvenile drug Expires August 31, 2001	Expires August 31, 2001	100%/\$13,705 - Operating	
מאפנייים מות מיית				(through	court		Total - \$13,705	
Total Supreme Court	\$22,222	\$289,895	\$312,117					
	- !	- ;		about a second of the second o	acial finds			

1 The amount is also included in the Department of Corrections and Rehabilitation juvenile services grants as special funds.

2 The amount is also included in the Attorney General's Edward Byrne Memorial state and local law enforcement assistance formula grant program as special funds.

	2	2001-03 Blennlum	ш			-	
	Amoun	Amount and Funding Source for Each Program	Source				
Alcohol, Drug, Tobacco, nd Other Risk-Associated	General	Federal and Special	Total	Detail of Sources of Federal and Special Funds	Restrictions on the Uses of Funds	Length of Time Funding Is Available	Anticipated Uses of Funds
lational Guard State military operations -		\$1,764,000	\$1,764,000	\$1,764,000¹ Department of Defense through		Authorized on an annual basis	
Funding is used for a				the National Guard Bureau			
number of programs,							
Including education							
programs and the counter							•
drug fly program that							
assists law enforcement							
by utilizing military hell-					•		
copters in drug enforce-							
ment efforts.		_				- (	
The contact of many of T	landing Add an	Guard's fodoral	Geral waar 200	11 funding of \$1 176 000 and an estin	nated funding of \$588.000 for feder	The control of the National General Ge	ard is anticipating the funding to

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	7	2001-03 Blennium	= -					
	Amoun	Amount and Funding Source for Each Program	Source				744	
iol, Drug, Tobacco, her Risk-Associated	General	Federal and Special	Total	Detail of Sources of Federal	Restrictions on the Uses of Funds	Length of Time Funding is Available	Anticipated Uses of Funds	
havior Programs	Fund	rungs	Lanina					
in's Services nating Committee ed Child Project		\$50,000	\$50,000	\$50,000 Refinancing dollars		July 1, 2001, through June 30, \$45,000 - Mentoring program/ 2003	\$45,000 - Mentoring program/ intervention	
							\$5,000 - Administration	
/e American drug and		200'000,	200'000	200,000 Refinancing dollars		July 1, 2001, through June 30, See Department of Human Serv- 2003	See Department of Human Services survey for breakdown	
nol program								
Shildren's Services		\$250,000	\$250,000					
inating Committee		- 6		Inating Committee	vention program as special funds.			
imount is also included	in the Departm	nent of Human of	ervices Ivalive	Alliancan young alcono.				

## **ATTACHMENT B**

STATEWIDE YOUTH RISK BEHAVIOR SURVEY

Executive Summary
This format is representative of reports provided to local school districts.

#### **Background Information**

The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives from several state and local departments of education and numerous state and federal agencies. The purpose of the survey is to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. For high school students, the behaviors fall into six categories:

- Behaviors that result in unintentional and intentional injuries (personal safety, violence-related behavior, depression and suicide)
- Tobacco use .
- Alcohol and other drug use
- Dietary behavior & oral health
- Physical activity
- AIDS education and sexual behaviors

North Dakota schools are given the opportunity to conduct the YRBS biannually in the spring of odd years. North Dakota received weighted data from this survey in 1995, 1999 and 2001. The results can be used to make important inferences about all students in grades seven through 12 because of the random, research-based mode of selection.

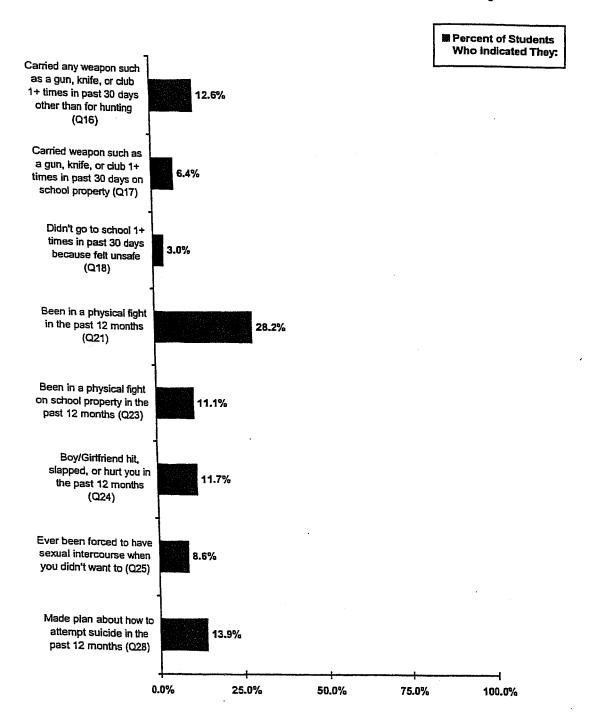
The research process was designed to help minimize bias in the selection process. Schools and students were selected by a random-systematic sampling technique to select the classes that would participate in the study, using the methodology established by WESTAT, the national organization that oversees this study.

To protect the privacy and confidentiality of all participating middle school students, during the administration of the survey, each participating student received an envelope in which they were to seal their completed survey before returning it to the teacher or survey administrator. The teacher or survey administrator then placed all sealed, completed surveys into the packet for that specific class, sealed the packet, and returned the sealed packet to the contact person at each school. All sealed packets were then mailed to Winkelman Consulting, where the packets and individual surveys were opened.

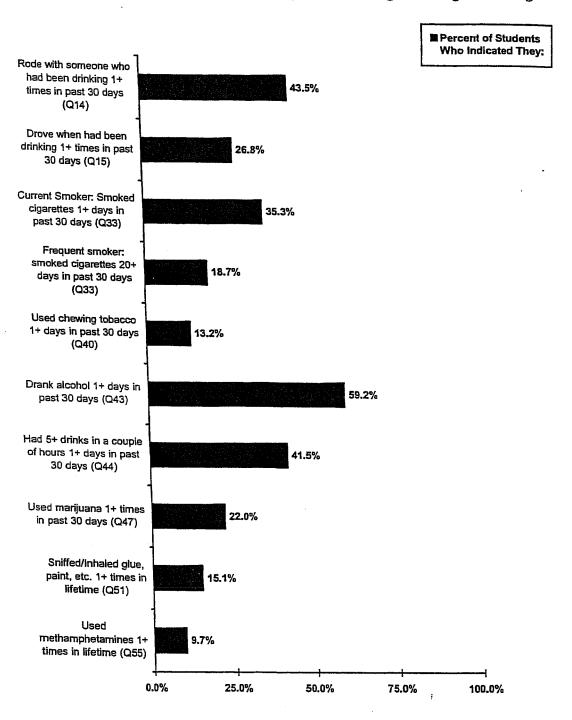
The North Dakota YRBS was administered to 1,599 high school students (Grades 9-12) in North Dakota high schools during the spring of 2001. The following table summarizes the sample distribution by gender and grade.

Ger	nder -	Gra	ade
Group	Number	Group	Number
Female	776	9th Grade	396
Male		10th Grade	381
No response	3	11th Grade	442
		12th Grade	367
		No response	13
TOTAL	1,599	TOTAL	1,599

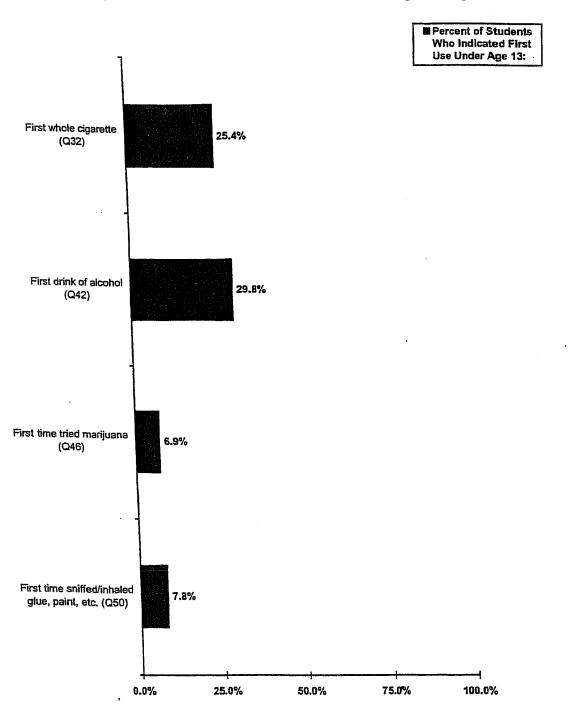
#### Behaviors that Result in Unintentional and Intentional Injuries



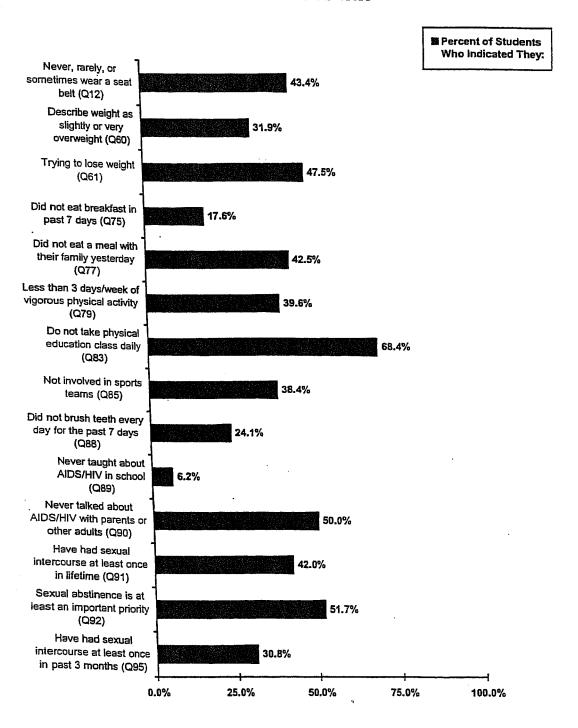
Tobacco, Alcohol, and Other Drug Use Including Drinking & Driving



Age at Which Alcohol, Tobacco, or Other Drug Use Began



#### Other Risk Behaviors



## Executive Summary This format is representative of reports provided to local school districts.

#### **Background Information**

The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives from several state and local departments of education and numerous state and federal agencies. The purpose of the survey is to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. For middle school students, the behaviors fall into six categories:

- Behaviors that result in unintentional and intentional injuries (personal safety, violence-related behavior, depression and suicide)
- Tobacco use
- Alcohol and other drug use
- Dietary behavior & oral health
- Physical activity
- AIDS education

North Dakota schools are given the opportunity to conduct the YRBS biannually in the spring of odd years. North Dakota received weighted data from this survey in 1995, 1999 and 2001. The results can be used to make important inferences about all students in grades seven through 12 because of the random, research-based mode of selection.

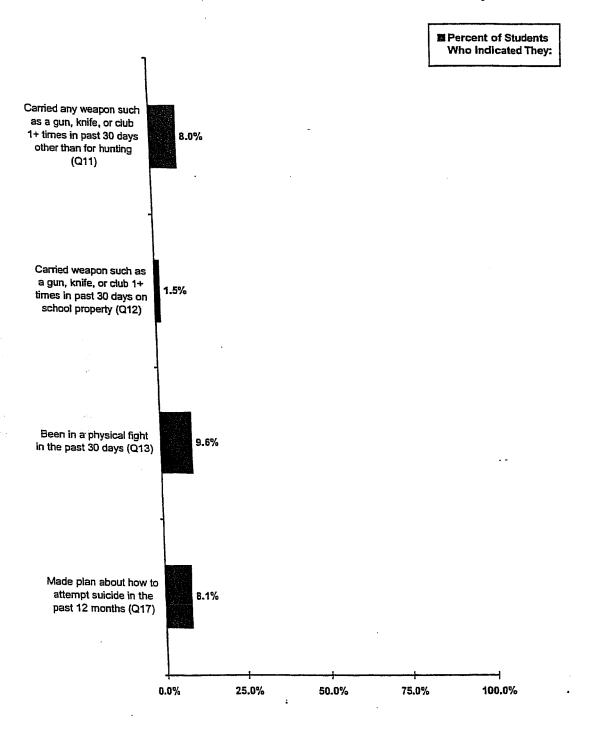
The research process was designed to help minimize bias in the selection process. Schools and students were selected by a random-systematic sampling technique to select the classes that would participate in the study, using the methodology established by WESTAT, the national organization that oversees this study.

To protect the privacy and confidentiality of all participating middle school students, during the administration of the survey, each participating student received an envelope in which they were to seal their completed survey before returning it to the teacher or survey administrator. The teacher or survey administrator then placed all sealed, completed surveys into the packet for that specific class, sealed the packet, and returned the sealed packet to the contact person at each school. All sealed packets were then mailed to Winkelman Consulting, where the packets and individual surveys were opened.

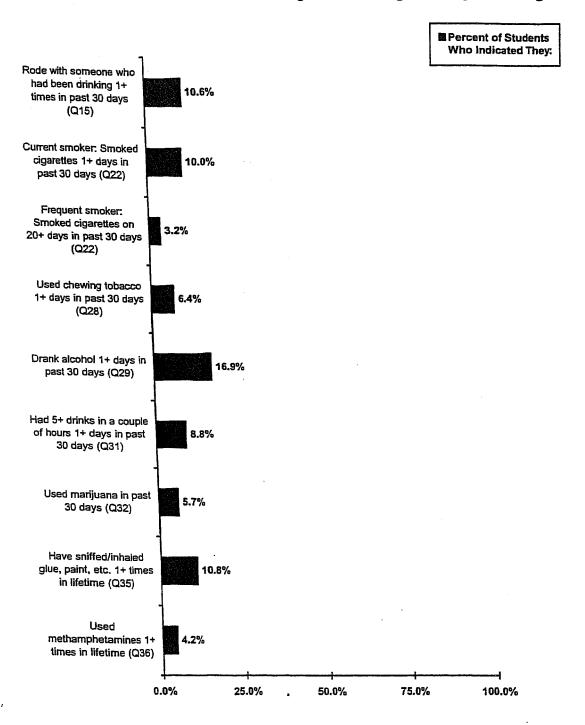
The North Dakota YRBS was administered to 1,377 middle school students (Grades 7-8) in North Dakota Middle Schools during the spring of 2001. The following table summarizes the sample distribution by gender and grade.

Ger	nder	Gr	ade
Group	Number	Group	Number
Female	683	7th Grade	689
Male	692	8th Grade	679
No response	2	No response	9
TOTAL	1,377	TOTAL	1,377

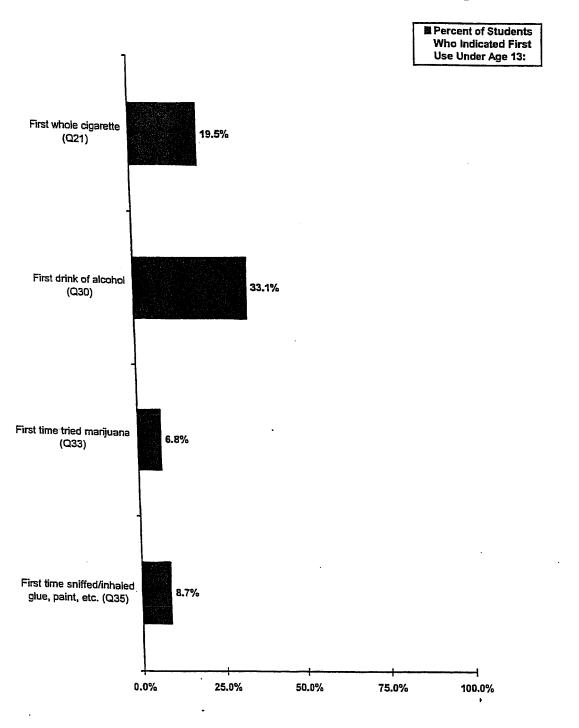
#### Behaviors that Result in Unintentional and Intentional Injuries



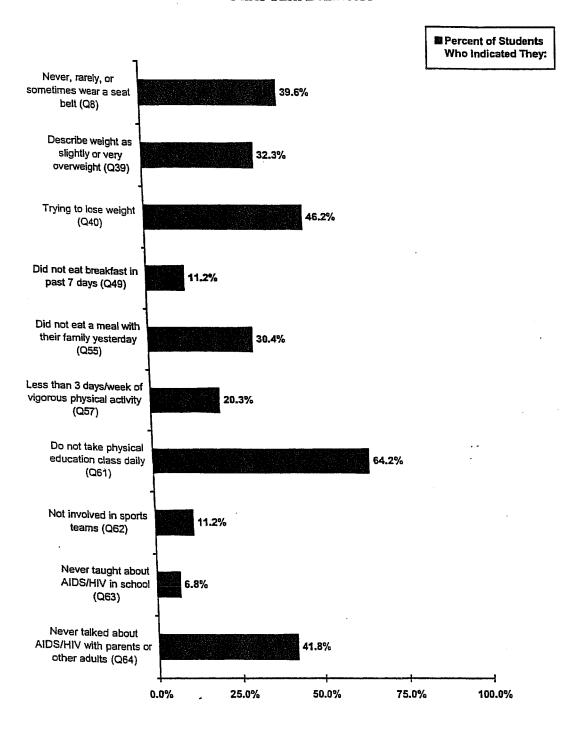
Tobacco, Alcohol, and Other Drug Use Including Drinking & Driving



Age at Which Alcohol, Tobacco, or Other Drug Use Began

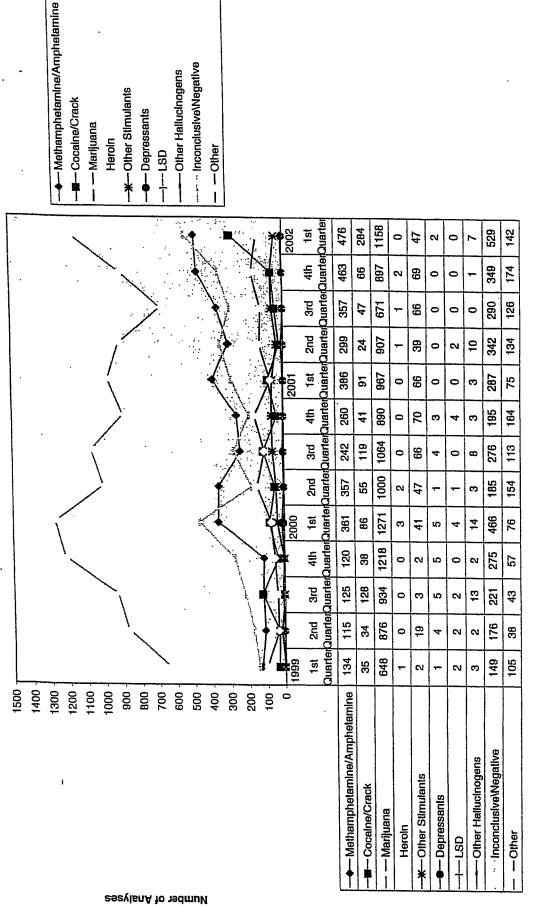


#### Other Risk Behaviors

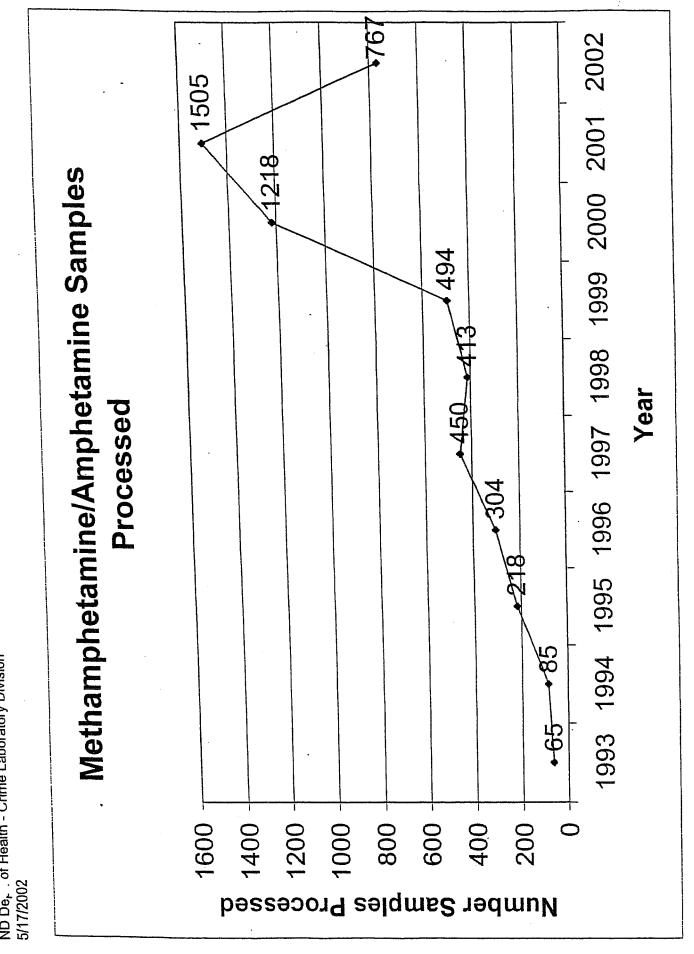


# ATTACHMENT C CRIME LAB STATISTICS

**Anaysis Trend** 

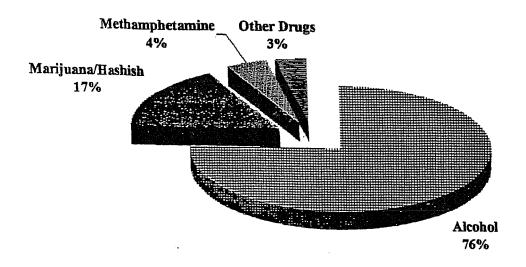


Quarter/Year



# ATTACHMENT D TREATMENT INFORMATION

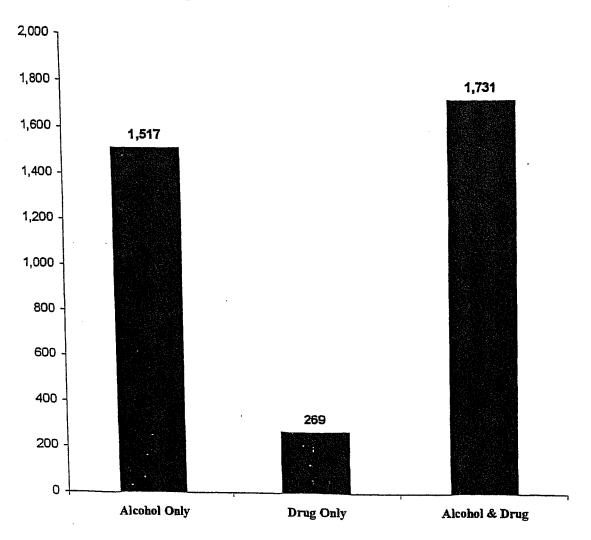
#### Regional Human Service Centers and State Hospital Primary Substance Problem – Four Categories Unduplicated Count – Calendar Year 2000



# Alcohol	Marijuana/Hashish	<b>Methamphetamine</b>	≣ Other Drugs
		<del>-</del>	-

Primary Substance Problem	Total Calendar E Year 2000*	luman Service **Sta Centers	te Hospital
Alcohol	2,659	2,433	226
Marijuana/Hashish	587	587	0
Methamphetamine	150	150	0
Other Drugs	121	98	23
Total  * Unduplicated Count  ** Age 17 & younger not reported First quarter estimated counts	3,517	3,268	249

Regional Human Service Centers and State Hospital
Type of Substance Used – Alcohol Only, Drug Only, Alcohol and Drug
Unduplicated Count - Calendar Year 2000



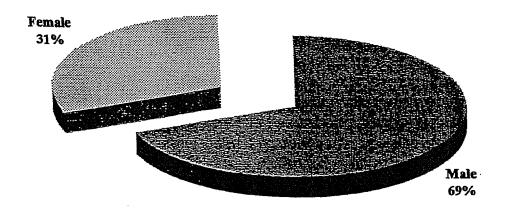
	Total Calendar Year 2000*	Human Service Centers	**State Hospital
Alcohol Only	1,517	1,384	133
Drug Only	269	265	4
Alcohol & Drug	1,731	1,619	112
TOTAL	3,517	3,268	249

<sup>\*</sup> Unduplicated Count

<sup>\*\*</sup> Ages 17 and younger not reported

<sup>\*\*</sup>First quarter estimated data

## Regional Human Service Centers and State Hospital Number of Females and Males Receiving Treatment for Substance Abuse Services Unduplicated Count - Calendar Year 2000



TOTAL. Calendar Year 2000*	Human Service Centers	**State Hospital
	2,246	180
1,091	1,022	69
3,517	3,268	249
	Calendar Year 2000* 2,426 1,091	Calendar Year Centers 2000* 2,426 2,246 1,091 1,022

<sup>\*</sup> Unduplicated Count

<sup>\*\*</sup>First Quarter of Data is Estimated

<sup>\*\*</sup> Ages 17 & Younger not reported

# ATTACHMENT E PRISON AND PROBATION INFORMATION

# CURRENT STATUS OF THE NUMBER OF PEOPLE INCARCERATED OR ON PROBATION IN THE STATE CORRECTIONAL SYSTEM FOR VIOLATION OF TITLE 19 (DRUG OFFENSES)

Report Date: 05/23/02 -

#### PRISONS DIVISION

	1999	2000	2001	2002
No. of offenders*	167	209	254	128
Average length of sentence including suspended portion/probation (in mos.)	40.56	39.33	41.96	39.89
Average length of incarceration ordered by a court to be served (in mos.)	25.39	24.51	24.72	20.94
Average actual time incarcerated for drug offenders** (in mos.)	16.74	17.52	19.14	17:33
No. of offenders court ordered to treatment	19	52	97	45
No. of offenders referred to chemical dependency treatment	66	131	178	71***
No. of offenders completing chemical dependency treatment	55	94	87	1
No. of offenders currently pending for chemical dependency treatment	5	16	53	53
No. of offenders currently assigned to chemical dependency treatment	1	6	22	15
No. of offenders not completing chemical dependency treatment	5	15	16	2

- \* Figures are based on admissions for drug offenses for the year and exclude parole violators
- \*\* Figures are based on actual release date OR projected release date (good time or parole) for those offenders who are still incarcerated.
- \*\*\* Several offenders admitted in 2002 have not yet been assessed as of 5/23/02.

Note: Treatment data for most of 1999 was limited. Data entry into a new system began 12/99.

#### FIELD SERVICES DIVISION

Supervision

				Active
	1999	2000	2001	on 5/15/02
Parole	125	72	98	65
Probation	326	410	434	760
Total	451	482	532	825

Average Length of Supervision in Years

	1999	2000	2001	Active on 5/15/02
Parole	0.8	0.8	0.7	1.2
Probation	2.6	2.7	2.5	3

**Treatment Ordered** 

				Active
				on
	1999	2000	2001	5/15/02
Parole	85	57	67	31
Probation	221	281	321	518
Total	306	338	388	549

# ATTACHMENT F ARREST STATISTICS

#### Attorney General

The current status of the number of arrests for violation of title 19 and the current enforcement efforts to combat unlawful drug trafficking and usage.

One of the Bureau of Criminal Investigation's missions is to enforce North Dakota Laws concerning the manufacture, distribution, sale and possession of narcotics and controlled substances statewide. The BCI works towards accomplishing this mission through its 12 regional offices covering the eastern, south central, northwestern, north central and southwestern regions of the state. The BCI's drug enforcement efforts focus on "street dealers" and their suppliers to reduce and deter the ever increasing violence and other crimes related to drug sale and use within our cities/towns. Additionally, the BCI targets drug dealers and/or those who profit from the illegal drug trade. To coordinate multijurisdictional efforts the BCI has assigned special agents to serve as coordinators for eight of the nine narcotics task forces in North Dakota. The coordination emanating from these narcotics task forces provides the state of North Dakota with its greatest strength. Information is freely exchanged between the local and state jurisdictions and manpower and financial resources are shared to facilitate investigations of drug trafficking operations.

#### **Enforcement Activities 1999-2001**

- Placement of two BCI drug enforcement agents in Rugby and Valley City to serve those areas and the surrounding rural communities
- Held meeting with officers from the Royal Canadian Mounted Police, US Border Patrol agents, and US and Canadian Customs officers border to discuss joint efforts to stem the trans-border drug trade. Issues discussed at the meeting:
  - ✓ Control of precursor ingredients used to make methamphetamine, such as ephedrine
  - ✓ Ways to ensure adequate patrolling of the North Dakota/Manitoba border
  - ✓ Targeting exports of meth to Canada and imports of high-grade marijuana to North Dakota
- 19 agents trained and certified in clandestine lab seizures
- Developed retail watch program for methamphetamine precursor chemicals
- Assigned another agent to Devils Lake
- Assigned one agent to the DEA Task Force in Fargo
- Initiated state and local narcotics task force in Cass County
- Drug Enforcement Statistics

	1999	2000	2001
Arrests	1,456	1,501	1,813 <sup>1</sup>
Meth Labs	17	46	89

Community Education

Presentations	1999	2000	2001
Hours	56	291	370
People	2,361	5,521	6,944

<sup>1 2001</sup> drug arrests are preliminary estimates

# ATTACHMENT G UND STUDENT USE OF ALCOHOL SURVEY

# UND Commission on Student Use of Alcohol 2001/2002 Report



**University of North Dakota Grand Forks, North Dakota** 



#### Alcohol Use Rates in North Dakota

North Dakota has the highest rate of binge drinking for individuals age 12 and older (28.7 percent), according to the 1999 National Household Survey on Drug Use administered by the National Substance Abuse & Mental Health Services Administration (SAMHSA).

North Dakota ranks number one in binge drinking among high school students, according to the 1999 Youth Risk Behavior Survey (YRBS) administered by the North Dakota Department of Health and the North Dakota Department of Public Instruction. Sixty one percent of North Dakota high school students had consumed alcohol within the last 30 days compared to 50% nationally. Binge drinking within the last month occurred in 46% of North Dakota high school students in comparison to 32% nationally.

#### Alcohol Use Rates Among UND Students

UND Student Health Services administered the American College Health Association (ACHA) National College Health Assessment (NCHA) survey to 907 UND students in the spring of 2000. A follow-up survey was conducted in April of 2002. Results of the 2002 survey will be available in the fall. 2000 NCHA survey highlights include:

- 60% of UND students surveyed reported that they engaged in binge drinking (five or more drinks at one sitting).
- When UND students were asked how many drinks they had the last time they partied, the most common response was zero, however the mean for males was more than 8 drinks and the mean for females was more than 5 drinks.
- 79.6% of students surveyed reported that they had used alcohol within the last 30 days.
- 18.7% of students reported that they had driven after having 5 or more drinks sometime within the past 30 days.
- 18.2% of UND students reported that they had physically injured themselves in the past year, 4.8% reported that they had physically injured another person, and 7.7% reported that they had been in a fight as a consequence of drinking.
- 43% of UND students reported doing something they later regretted as a consequence of drinking.
- 34.3% of UND students reported that they forgot where they were or what they did as a consequence of drinking within the last school year.
- 43% of UND students reported missing classes due to alcohol use.
- 19.4% of UND students reported having unprotected sex as a consequence of drinking within the past school year.



#### UND NCHA Spring 2000 Supplementary Survey Responses

As a supplement to the 2000 UND NCHA Survey, Student Health Services asked students to answer the following questions.

Did you drink alcohol as a high school student? 859 responses

Yes 580 67.5% No 279 32.5%

If you answered ves. please proceed to questions a-c.

a. How often did you drink, on average, during your high school years? 567 responses

Once a month 238 42% Once a week 223 39% More than once a week 106 19%

b. How much alcohol, on average, did you consume on each occasion that you drank during your high school years? 567 responses

One to four drinks 257 45% Five or more drinks 310 55%

c. Did you drink with your parent's consent during your high school years? 567 responses

Yes 125 22% No 442 78%

#### Core Alcohol and Other Drug Survey

The Office of Substance Abuse Prevention administered the Core Alcohol and Other Drug Survey to UND Students most recently in 2001. The survey was also administered in 1998 and 1994.

- 87.2% of underage students (younger than 21 years of age) surveyed reported that they had consumed alcohol in the previous 30 days.
- 54.8% of students surveyed reported binge drinking in the previous two weeks. A binge is defined as consuming 5 or more drinks at one sitting.
- 22.2% of students surveyed reported using alcohol 3 times per week or more.

Binge drinking rates at UND increased to 54.8% in the 2001 survey, compared to 52% in 1998 and 42% in 1994. The 2001 binge-drinking statistic is significantly higher than the national statistic of 44 percent. The percentage of underage UND students consuming alcohol within the last 30 days was 87.2% in 2001, compared to 77% in 1994. Overall alcohol consumption data in 2001 revealed that 87.7% of UND students consumed alcohol 30 days prior to survey completion, compared to 80% in 1994. This is significantly higher than the national percentage of 69%.



There are negative impacts to the campus environment concerning consumption of alcohol by students. In 2001, 42.6% of UND students surveyed indicated some form of public misconduct (e.g. fighting, DUI/DWI, and involvement with police) following consumption of alcohol, however that percentage has decreased from 60% in 1998. 25.8% reported experiencing some kind of serious personal problem (such as suicidality, being hurt or injured, trying unsuccessfully to stop using, sexual assault) at least once during the past year as a result of drinking or drug use. 45.8% of UND students reported driving a car under the influence, compared to 33% nationally.

Social norms marketing campaigns are being used on a number of campuses to address and to correct misperceptions between perceived and actual drinking norms as a method of reducing high-risk alcohol use. Social norms theory asserts that students tend to overestimate the amount of alcohol consumed among their peers and often drink to that perceived level. Unfortunately, the binge drinking statistics at UND are higher than national norms and misperceptions are not as prevalent at UND. However, some of the perceptions that students have about other students drinking behaviors are inaccurate.

- The NCHA survey found that 41.5% of UND students drank between 5-10 drinks in one sitting, compared to students' perception that 80.4% of students were drinking 5-10 drinks in one sitting.
- When students were asked what percentage of their peers they thought used alcohol daily, the
  response was 35.6%, compared to the actual percentage of students who reported drinking on a
  daily basis, .4%. (2000 NCHA Survey)
- 79.6% of UND students surveyed reported that they had used alcohol within the last 30 days.
   When students were asked what percentage of their peers they thought used alcohol within the last 30 days, the response was 99%. (2000 NCHA Survey.)
- In a Social Norms Marketing Survey conducted by the Office of Substance Abuse Prevention, 69.9% of UND students reported that they did not think getting drunk was an important reason to drink. This survey information was used as the basis for the social norms message "69% of UND students do not drink to get drunk."
- Most UND students (68%) have 0-4 drinks when they party, according to the 1994 and 1998
   Core Alcohol and Other Drug Surveys.

2001 UND Cooperative Institutional Research Report (CIRP) Survey of New Freshman
According to the 2001 UND Cooperative Institutional Research Report (CIRP) Survey of New
Freshman, more than half of UND freshman drank beer (50.3%) and wine/liquor (50.4%) in their high
school years. The two-year trend for UND freshmen women to consume more wine and liquor than
their national counterparts was reversed in 2001. Although UND females smoked and drank wine or liquor less than their national female counterparts, UND females smoked and drank more than their UND
male counterparts. Drinking beer in the high school years has become less popular among incoming
UND freshmen in 2000 and 2001 compared to 1999 (1.1% decrease in 2000 and 4.2% decrease in
2001), however UND freshman men and women drank beer at higher rates than the national averages.



#### UND Alcohol Sanction Data and Liquor Law Violations

- Nearly two out of three UND students who were required to attend the mandatory alcohol program for policy violators in 2000 were freshmen. (Office of Substance Abuse Prevention)
- UND Residential Services statistics indicate that there were 334 alcohol violations reported during the fall semester of 2001 compared to 302 incidents in the fall semester of 2000, however there were also more students living in residence halls in 2001. The dollar amount of damages to campus housing remained about the same.
- 3 out of 4 complaints and police reports handled by the Dean of Student's Office in 2001. involved alcohol..
- There were 265 arrests and 281 non-arrest campus referrals by UND Police for liquor law violations, except DUIs, in 2001. There were 60 DUI arrests made by UND Police in 2001. 265 arrests and 214 non-arrest campus referrals were made by UND Police for liquor law violations, except DUIs, in 2000, compared to 297 arrests and 327 non arrest campus referrals in 1999.

## **ATTACHMENT H**

UND COMMISSION ON STUDENT USE OF ALCOHOL

2001/2002 PROGRESS REPORTS



#### UND Commission on Student Use of Alcohol

#### 2001/2002 PROGRESS REPORT

The 2001/2002 Commission on Student Use of Alcohol began the year by setting priorities based on the recommendations made by the 2000/2001 Commission on Student Use of Alcohol, due to time and resource limitations. The following progress report is based on those recommendations and priorities, with last year's recommendations listed as bullet points and progress notes following in italics.

#### General Campus Issues

1. Revise alcohol sanctioning policies and practices to ensure that alcohol sanctions are consistently enforced, fair, reasonable, and serve as a deterrent to high-risk alcohol use. Enhancement of student success should be the primary objective of the sanctioning process.

The CSAU supported a change in the sanctioning guidelines resulting in the elimination of the "You Call the Shots Program". Students who violate campus alcohol policies are now required to participate in the "Calculating Risks" program after their first offense. Calculating Risks is presented by the ADAPT Peer Educators and it helps students assess dangerous situations, quantity and frequency of alcohol use, negative consequences, and family history. Students who commit a second offense are required to participate in a 6-8 hour insight group facilitated by Karin Walton, Substance Abuse Prevention Coordinator. A third offense triggers an individual alcohol assessment through the Office of Substance Abuse Prevention. Positive feedback regarding the changes in the sanctioning process have been received from students and student leaders, the Student Policy Committee, the Dean of Students Office, Residential Services, and other campus groups. The sanctioning process is designed to both challenge and support students as responsible, successful adults.

2. Promote expansion of alternative non-alcoholic programming and activities during hours that students are looking for entertainment (10 p.m. to 2 a.m.).

CSAU supported campus efforts to provide funding for extended hours at the Memorial Union, which is now open until 3 a.m. Plans to renovate the Memorial Union and to add additional activities, such as the non-alcoholic pub and a multi-purpose programming area, will also enhance after hours opportunities for students. CSAU members were actively involved in promoting a UND Wellness Center and expanding wellness activities on campus. Student Government voted in favor of a \$50/semester increase in fees for a Wellness Center and a \$15/semester fee for the Memorial Union was maintained to cover renovation costs. Extended hours at Hyslop Sports Center were offered on a trial basis this spring and will be a regular part of the schedule in the coming year.

3. Encourage organizations on campus such as ARH, Greek Life, UPC, Student Government, Athletics, and various departments to work collaboratively on alcohol prevention programming, and alternative activities for students.



Numerous campus organizations and departments sponsored non-alcoholic programs and activities for students this year. UPC sponsored a series of comedians and other entertainers that were very popular with students. The Spring Concert, featuring Sugar Ray, attracted more than 6,000 people. UND students, faculty, and staff were actively involved in planning a variety of non-alcoholic events ranging from performances at Tabula for Multicultural Awareness Week to the Time out/Wacipi. The Student Athletic Association and Greeks in Action made a special effort to program non-alcoholic social events for their members this past year. The Greek Council worked collaboratively with a number of campus partners to bring Judson Laipply to campus to speak about responding positively to change and making responsible choices.

4. Enhance opportunities and means for students to actively discuss and be involved in efforts to address high-risk behavior across campus.

CSAU engaged representatives from the Greek community, Athletics, Residential Life, Judicial Affairs, Campus Police and Student Health Services in conversations regarding high-risk alcohol use.

#### **Englestad Arena and Alerus Center and Tailgating**

The CSAU responded to proposed expansion of alcohol sales, practices, and policies at the Alerus Center by forwarding a recommendation to UND and Alerus officials encouraging them to keep current alcohol policies in effect. Commission members complimented the management of the Alerus on the implementation of virtually all the 2000/2001 CSAU recommendations regarding alcohol sales at the event center. CSAU members expressed disappointment regarding some of the alcohol policies and practices implemented at Engelstad Arena. Alcohol can be consumed in the seating area in most sections of Engelstad Arena, even though Engelstad management assured Student Government leaders that there would be no drinking in the stands. Students who are 21 years of age are treated differently than other adults. Alcohol is allowed in the suites at Engelstad Arena, including the UND suites, and in all seating areas except the student section, which causes resentment among some students.

#### **Social Norms Marketing**

- 1. Enhance financial support for the Substance Abuse Prevention Office to allow them to expand their efforts in social norms marketing.
- 2. Provide campus-wide education on social norms for interested students, faculty, and staff to assist them in providing normative messages.

The CSAU Education committee worked closely with the Substance Abuse Prevention Office this past year to reinforce and compliment the social norms campaign. The Office of Substance Abuse Prevention distributed mouse pads with the message "Most UND Students, 69%, DON'T drink to get drunk, Are You on Board? The Education committee secured \$400 from the Office of the Vice President for Student and Outreach Services and Student Health to begin implementation of the media campaign and to print banners with the social norms message. Banners will be on display across campus in the fall. The committee also secured numerous free advertisements in the Dakota Student and on Channels 3 and 17.

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The Office of Substance Abuse Prevention obtained funding for a graduate service assistant, who will analyze data and implement prevention initiatives, including social norms marketing campaigns. The graduate services assistant, Sarah Bernhardt, will begin in May of 2002 and work throughout the 2002/2003 academic year.

#### Greek Life

1. Establish a Greek Life Committee to address issues such as high-risk alcohol use, hazing, and the role of Greek Life within the University System.

In the spring of 2001, UND Greek students applied to the North-American Interfraternity Conference for an Alcohol Summit to be held at UND. UND was one of only five campuses across the country selected. The Alcohol Summit is a campus leadership institute that empowers fraternity and sorority communities to establish an agenda for achieving success in the battle against high-risk drinking and the behaviors associated with the misuse of alcohol. Fraternity and sorority members who attended the Alcohol Summit in October of 2001 developed the following plan of action:

## Goal 1: Reducing drinking and driving Strategies

- Increase awareness about drunk driving with confrontation, group intervention, etc.
- Enforce/encourage sober sister/brother program (a cell phone given to the sober person for the night so that people have someone to call if they need a ride).
- Promote the dollar taxi a.k.a. cab crawler.
- Apply for grant funding from National Transportation Safety board to help in keeping the dollar taxi running.

Goal 2. Sponsor Non-alcoholic Events, (such as ski trips, movie nights, tubing the red, ice skating, and special events at Tabula)

- Host at least three non-alcoholic events per semester.
- Develop partnerships with the university and local community.

### Goal 3. Promote that ISC and IFC hold dry recruitment Strategies

- Recruit a strong IFC Recruitment Chair.
- Stress dry recruitment-get a commitment from chapters to be alcohol free during recruitment.
- Change the mindset. Try to get members that are joining for more than a party "quality over quantity".
- Fraternities and Sororities will utilize each other as recruitment tools.

Greeks in Action developed a charter and the group is now an official student organization. They have created a listserv and sponsored non-alcoholic activities on campus. Greeks in Action recently received national recognition for their efforts to control high-risk alcohol use. Jered Rendall serves as the chair of Greeks in Action. Athena Schritz acts as the liaison between the Commission on Student Use of Alcohol and Greeks in Action.



(Greek Life con't)

2. Strongly encourage all Greek Chapters to sponsor at least one alcohol education program each year.

Each sorority and fraternity has a risk manager. Most fraternities and sororities offer at least one alcohol education program per year. The Spring Grand Chapter presentation by Judson Lappaily included messages regarding responsible alcohol use.

#### Residential Life

The Commission met with Judy Sargent, Director of Residential Life, and Cindy Spencer, Assistant Director. They reported that Residential Life staff members feel good about changes that have been made in the sanctioning process. The number of alcohol violations has remained about the same, but there are very few repeat offenders. Resident Assistants receive training on alcohol issues, but it primarily focuses on how to implement sanctions. Striking a balance between respecting privacy of residents, maintaining a home-like atmosphere and catching alcohol policy violators can be challenging for residence hall staff. The Alcohol and Drug Abuse Prevention Team (ADAPT) and other campus organizations regularly provide alcohol prevention programs for students living in residence halls. The Association of Residence Halls regularly sponsors non-alcoholic events and programs for students who live in the residence halls.

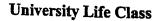
#### **Athletics**

1. Sponsor alcohol education for all athletes at least once a year.

CSAU met with Jerod Bruggeman, Assistant Director of Athletics, and Nicole Hartness, Student Athletic Advisory Committee President. Alcohol education provided to athletes is currently left up to the coaches and varies from sport to sport. Coaches discuss alcohol policies with athletes before the season begins. The Athletic Department is planning to offer a University Life Class for freshman scholarship athletes in the fall of 2002. They also intent to implement the NCAA CHAMPS/Life Skills programs and hope to develop a course for junior and senior athletes on life after athletics. All of these programs promote good decision-making, positive lifestyle choices, and responsible use of alcohol.

2. Work collaboratively with other departments to seek funding for alcohol prevention programs through the NCAA Choices program.

The Athletic Department worked collaboratively with Student Health Services to submit an application for funding through the NCAA Choice program. The Student Athletic Advisory Committee provided input into the grant and helped organize non-alcoholic social activities for athletes.



- Support funding for expansion of Introduction of University Life classes to enable all incoming freshman to take a University Life Class, which includes an alcohol education section.
- 2. Support efforts to enhance and standardize curriculum, with active involvement of students in developing topics and issues relevant to their lives.
- 3. Encourage links with various departments on campus to expand wellness components in course content.

Although a campus committee worked diligently on this project, the cost of offering a University Life Class to all freshmen proved to be prohibitive and funding was not approved. Linkages were made with a number of campus departments and efforts were made to enhance and standardize the University Life Class curriculum. Healthy UND is exploring the possibility of developing a wellness class in the future.

# **Financial Support**

 Secure financial support through University Fee funding, public and private foundations, and other sources to enhance alcohol prevention activities on campus.

The Commission on Student Use of Alcohol does not have a budget for its activities. The Dean of Students Office provided work-study support and the Office of the Vice President for Student and Outreach Services absorbed meeting expenses and copying costs. Phyllis Norgren was hired in January 2002, after Student Health Services received authorization to use student fee funding for ½ time secretarial support. Phyllis served as recorder for the Commission on Student Use of Alcohol this past semester, in addition to her other duties.

Student Health Services and the Office of the Vice President for Student and Outreach Services provided \$400 in funding to support the Commission's social norms marketing campaign. The Office of Substance Abuse Prevention, the Crisis Coordination Team, Student Health and the Office of the Vice President for Student and Outreach Services co-sponsored a national satellite downlink on College Alcohol Interventions at the request of the CSUA. Numerous campus partners and volunteers also provided valuable in-kind support. A grant application was prepared and submitted to the NCAA Choices Project.

# **CSAU Mission and Structure**

 Create action groups, with full representation from affected groups, to implement current recommendations for Greek Life, Athletics, Residence Life, and other identified issues.

Greeks in Action was formed to address issues of high-risk alcohol use among fraternity and sorority members. The Student Athletic Advisory Committee (SAAC) has been active in organizing non-alcoholic activities for student athletes and assisted in development of the NCAA Choices Grant proposal.



(CSAU con't)

1. Focus Commission on Student Use of Alcohol efforts toward reducing underage alcohol use and high-risk alcohol use among students of all ages.

All CSUA discussions and activities have focused on high-risk and underage alcohol use.

## **Parental Notification**

1. Develop a committee to explore the pros and cons of parental notification, obtain input from all affected parties, and make recommendations to the Office of the Vice President for Student and Outreach Services.

The CSUA spent a significant amount of time discussing the pros and cons of parental notification this year. Jerry Bulisco and Lillian Elsinga, Dean of Students Office, shared information with the commission on national trends and research regarding parental notification. The commission developed a recommendation on parental notification. (See recommendations below.)



# UND Commission on Student Use of Alcohol

# RECOMMENDATIONS

## **Athletics**

- The CSAU supports plans by the Athletic Department to expand the Champs/Life Skills
  program, to offer University Life Classes to student athletes, and to provide support to junior
  and senior athletes in adjusting to life after athletics.
- We congratulate the Student Athletic Advisory Committee for organizing non-alcoholic social events for athletes and encourage them to expand their efforts.
- We encourage the Athletic Department to engage coaches and student athletes in discussions of alcohol prevention issues and to explore the feasibility of developing consistent alcohol policies for all student athletes.

# **Education/Social Norms Marketing**

- Continue to expand educational efforts and social norms marketing campaigns, in partnership with the Office of Substance Abuse Prevention.
- Develop an outreach module, incorporating role-playing and skill building, which could be
  presented to student groups in residence halls, Greek housing, and classroom settings.
- Work in partnership with other campus and community entities to design alcohol prevention
  programs and messages specifically targeted to high-risk groups, such as freshman, Greek life,
  athletes, and women.
- Use creative venues and messages to reach a larger, more diverse student base both on and off campus, including junior high and high school students.
- Provide information to students on the second hand effects of alcohol and how misuse by the minority of students impacts other students.
- Offer training for residence assistants, resident hall directors and students on how to intervene with students who are abusing alcohol before they get into trouble.
- Educate students on the potentially life threatening consequences of acute alcohol intoxication (alcohol poisoning) and other serious damages that can result from drinking games, 21<sup>st</sup> birthday celebrations, negative peer pressure, and hazing.

# **Financial Support**

- Provide sufficient financial support to the Commission on Student Use of Alcohol to enable the
  group to hire staff, such as a graduate service assistant and secretarial support; conduct media
  advocacy; and implement programs and activities.
- Sufficient financial resources should accompany all policy and programming mandates.
- Garner in-kind resources, staff and volunteer support from various campus departments and organizations, state, and local partners.



#### **Parental Notification**

• Whereas this institution views students as adults responsible for their actions, this commission recommends that under normal conditions parental notification should <u>not</u> occur after a first offense. Parental notification may be appropriate, with professional discretion, after the second offense. Parental notification should always occur in emergencies, according to current federal, state, and UND practice guidelines. If UND implements parental notification, sufficient resources should be allocated to administer the program and an evaluation should be conducted to assess its efficiency and effectiveness.

# **Expectations**

- Review alcohol policies and assess campus consistency in implementing policies.
- Clearly identify the university's expectations regarding the use of alcohol, and current alcoholic policies in communications with students, parents and the community.

# Campus/Community Collaboration

- Develop closer "town and gown" relationships with community partners, such as the beverage
  industry, bars, landlords, Chamber of Commerce, local police department, THE ANSWER, the
  Substance Abuse and Traffic Safety Council, and city government, to encourage communitywide solutions for high risk drinking and it's associated consequences.
- Provide positive publicity and support from responsible alcohol retailers and highlight the liability risks and potential legal consequences of serving underage or intoxicated patrons.
- Encourage community and regional involvement in curbing high risk drinking activity associated with the "unofficial" spring gathering in University Park.

# **Alcohol Advertising and Promotion**

- Investigate local and statewide options to reduce alcohol advertisements and promotions that
  encourage high-risk alcohol use. Encourage bars to promote food specials, instead of cheap or
  free alcohol and all you can drink specials.
- Discourage alcohol promotions that include references to UND, UND students, and/or specific campus groups and audiences such as women, Greek organizations, and athletes.

#### **Academic Incentives**

- Research success stories and drawbacks of holding Weekend College as an avenue to expand opportunities for students and to discourage Thursday and Friday party nights.
- Explore the feasibility of offering incentives such as class participation points, quizzes and exams on Fridays, to encourage class attendance and discourage Thursday party nights.
- Encourage faculty and staff to exam their role in providing messages that support low-risk drinking norms on campus.



# **Data Analysis**

- Analyze data from the most recent Core Alcohol and Other Drug Survey, the National College Health Association Survey, the freshman and sophomore surveys and the social norms survey and develop a student alcohol use profile to guide programming.
- Analyze UND alcohol use patterns based on gender, age, year in school, race and group
  affiliation to determine the need for targeted interventions tailored to specific populations.

# **Alternate Spring Break**

- Work in partnership with United Campus Ministries, Student Organizations Office, Office of Greek Life and other service organizations to promote experiential service learning alternatives to spring break activities, such as working for Habitat for Humanity.
- Support, highlight, and expand programs offering credits for national campus exchanges, service learning, and career observation during spring break.

# **Student Support**

- Explore the creation of an alcohol ombudsman program to provide an accessible, local, comfortable place for students to bring questions and offer assistance to students in need.
- Offer training for resident assistants, residence hall directors and other student leaders to support their efforts to proactively intervene with at risk students before serious problems occur.
- Provide information on alcohol poisoning to help students recognize warning signs and encourage them to take action in an emergency situation.
- Expand alcohol prevention peer education activities on campus.

#### **Alternative Activities**

- Promote existing non-alcoholic options and alternatives through a regularly updated web site listing of campus happenings.
- Encourage campus collaboration to continue expansion of non-alcoholic social opportunities in a variety of venues.



# **UND Commission on Student Use of Alcohol**

# RESEACH BASED SOLUTIONS

# National Institute on Alcohol Abuse and Alcoholism Recommendations

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) report includes a list of "research-based" and "particularly appealing" solutions to alcohol-related problems including such ideas as the scheduling of Saturday classes, a boycotting of sponsorship gifts from the alcohol industry, the replacement of resident assistants with "adults," and the elimination of keg parties.

The study's authors suggest strategies that put more onus on colleges and municipal officials to cut off or hinder access to alcohol. They recommends enforcing minimum drinking ages and cracking down on fake I.D.s with tough penalties; restricting bars and liquor stores from opening near campus; increasing excise taxes on alcohol; and offering free or low-cost shuttle services for students who have been drinking.

Some of the things that are most used are known to be ineffective," said Mark S. Goldman, a professor of psychology at the University of South Florida and co-chairman of the task force. Simply educating students about alcohol does not work without a comprehensive effort to change a campus culture that encourages drinking,

The report found that several programs combining alcohol education, behavioral skills training and motivational enhancement have been tested and shown to reduce drinking among high-risk college students. Various community strategies, such as increased enforcement of minimum drinking age laws and raising local prices and taxes on alcoholic beverages, have been proven to work in other settings and might also be effective in college populations.

Many other measures, such as instituting tougher penalties for violations of alcohol policies, establishing alcohol-free dormitories and offering alcohol-free events on campus, are theoretically promising but have not been scientifically evaluated, the report found.

Motivating non-drinkers on college campuses to speak out against the harm caused by binge drinking could be an important step towards cutting the rate of alcohol-related problems, according to Boston University School of Health research Ralph Hingson, Sc.D.

Hingson cited as examples .08 percent BAC laws, zero tolerance for underage drinking and driving, strict enforcement of drinking laws, raising the price of alcohol, and controlling liquor-outlet density.

NIAAA is calling for is a comprehensive partnership between campuses and the community to address this issue," Hingson said. Coalition members should include school officials, educators, students, local government, police, and merchants — including alcohol retailers — Hingson said. "We particularly need students involved," he said. "The majority of students want tighter regulation around alcohol. We need to give that group a voice."

The NIAAA Panel suggested that colleges and universities take the following steps to create a healthy environment on campus, promote healthy behaviors, develop comprehensive college-community interventions, and implement effective programs.

# Creating a Healthy Environment

- Pay careful attention to environmental factors on campus and in the community. They are
  extremely important in influencing college drinking behaviors both positively and negatively.
- Actively enforce existing age 21 laws on campus; they help decrease alcohol consumption.
- Use social norms interventions to correct misperceptions and change drinking practices. When
  discussing college drinking problems, do not inadvertently reinforce the notion that hazardous
  drinking is the norm. Help students understand that they have the right not to drink and to have
  negative feelings about the consequences they experience due to other students' excessive
  drinking.
- Communicate the institution's, the community's, and the State's alcohol policies to students and parents before and after students arrive on campus.
- Be cautious about making alcohol available on campus. In the general population, increased availability is associated with increased consumption.

# Promoting Healthy Behaviors Through Individual- and Group-Focused Approaches

- Use brief motivational interventions, such as giving feedback on students' personal drinking behavior and negative consequences, comparing individual drinking habits to actual campus norms, and teaching drinking reduction skills. Strong evidence of effectiveness supports these relatively low-cost interventions.
- Increase screening and outreach programs to identify students who could benefit from alcoholrelated services.
- Train those who regularly interact with students, such as resident advisors, coaches, peers, and
  faculty, to identify problems and link students with intervention services and/or provide brief
  motivational interventions. This allows colleges and universities to improve services without
  adding new staff.
- Use educational interventions that provide new information such as describing alcohol-related
  programs and policies, informing students about drinking-and-driving laws, and explaining how
  to care for peers who show signs of alcohol poisoning. Use alcohol education in concert with
  other approaches, such as skills training or social norms.
- Avoid using educational efforts focused primarily on facts about alcohol and associated harm as
  a sole programmatic response to student drinking. They have proven to be ineffective.
- Be inclusive of varied student subpopulations. Determine and address the special needs of groups such as racial/ethnic minorities, women, athletes, "Greeks," students of different ages, and gay and lesbian students.



# Creating Comprehensive College-Community Interventions

- Create and/or participate in joint college-community interventions to reduce student drinking problems. Community coalitions have been effective in addressing alcohol and other health issues, although there has been no research on campus-community activities to reduce high-risk drinking and related problems.
- Create a task force or coalition representing relevant constituencies on campus (including students) and in the community (including local businesses) to develop and monitor college drinking initiatives.
- Plan coalition activities strategically, including setting measurable objectives, establishing target timelines, clearly defining member responsibilities, and collecting and evaluating data on both the process of working together and the results of the interaction.

# Managing Program Implementation Effectively

- Be critical consumers of alcohol prevention strategies. Use programs with demonstrated effectiveness, such as those recommended in this report.
- Take a strategic, outcome-driven approach to planning that reflects the campus situation and recognizes the need for the alignment of alcohol programs and policies with other aspects of institutional policy. Evaluate policies and programs and share the results with other colleges and universities.
- Recognize that college student drinking prevention programs require a long-term (10 to 15 year) commitment. Set realistic objectives for change that are based on institutional assessment and national experience.
- Establish a system for collecting data regularly on alcohol consumption and related problems. Report information objectively on campus and in the community, and update progress regularly.
- Adopt and integrate complementary approaches, rather than focusing only on one. For example, when combined, social norms and policy enforcement efforts can enhance each other.
- Involve students in developing and implementing activities to reduce high-risk drinking.
- Involve a broad base of campus and community groups in prevention efforts, and reward students and others for supporting these programs.
- Use social marketing approaches to create and market programs to students.
- Encourage presidents, administrators, and other campus leaders to communicate the message that reducing harmful alcohol use is an institutional priority.
- Have alcohol prevention interventions in place before the freshmen arrive in the fall and sponsor related activities frequently during the first weeks of the academic year. Train those who conduct prospective student tours and interviews to explain the institution's alcohol policies and desired norms.



(Managing Program Implementation Effectively con't)

 Help move the field forward. Be willing to participate in alcohol-related research programs, for example, or to become a State or national policy advocate on college drinking issues.

Source: A Call to Action: Changing the Culture of Drinking at U.S. Colleges, Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, National Institute of Health, U.S. Department of Health and Human Services, <a href="https://www.collegedrinkingprevention.gov">www.collegedrinkingprevention.gov</a>. April, 2002.

# Higher Education Center for Alcohol and Other Drug Use

The mission of the Higher Education Center (HEC) is to assist institutions of higher education in developing and carrying out alcohol and other drug prevention programs that foster students' academic and social development and promote campus and community safety. A central feature of the Center's work is the promotion of multiple prevention strategies that affect the campus environment as a whole and can, thereby, have a large-scale impact on the entire campus community. This approach represents a shift in thinking about prevention and suggests new leadership roles that postsecondary administrators, faculty, other campus officials, and students can play to reduce problems associated with alcohol and other drug use and to promote academic achievement.

The Higher Education Center asserts that implementation of effective environmental strategies will come about if there is strong presidential leadership; a campus-wide task force that includes a broad spectrum of faculty, staff, and students; engagement with the community through a campus-community coalition; and the active participation of college officials in public policy debates, especially at the state level. Focusing on campus environments, student decisions to drink or use other drugs are shaped by:

- campus social norms and expectancies
- campus policies and procedures
- availability of alcohol and other drugs
- enforcement of regulations and laws
- availability of alcohol-free social and recreational options

The HEC framework includes three spheres of action

#### Three Spheres of Action



- 1. Campus Task Force
- 2. Campus-Community Coalition
- 3. State Association of Colleges and Universities



# Campus Task Force

Environmental Strategies	<ul> <li>admissions procedures</li> <li>faculty advisor duties</li> <li>academic requirements</li> <li>service learning programs</li> <li>class scheduling</li> <li>residential life options</li> <li>extracurricular/recreational options</li> <li>alcohol availability</li> <li>responsible beverage service</li> <li>alcohol industry advertising/ sponsorships</li> </ul>		
Educational Strategies	awareness and information training     curriculum development and infusion     peer education     student activist training		
Enforcement Strategies	campus police     disciplinary procedures and sanctions     campus judicial system		
Early Intervention Services	student and employee assistance programs     counseling and support groups		
Implementors	<ul> <li>presidents, trustees, deans, and campus attorneys</li> <li>alumni and parents</li> <li>Greek officers</li> <li>athletic officials</li> <li>Police and campus security officials</li> <li>AOD prevention coordinators, health care and counseling staff</li> <li>Community leaders and local officials</li> <li>Student leaders and activists</li> <li>admissions officers and resident life directors</li> <li>faculty and teaching assistants</li> </ul>		
Key Responsibilities	leadership, assessment, strategic planning, policy and program development, advocacy and social marketing, monitoring and evaluation		



# **Campus-Community Coalition**

Environmental Strategies	<ul> <li>community development</li> <li>zoning ordinances</li> <li>permit and licensing restrictions</li> <li>advertising restrictions</li> <li>responsible beverage service</li> </ul>
Educational Strategies	awareness and information training     media advocacy     social marketing     leadership training
Enforcement Strategies	<ul> <li>"sting" operations</li> <li>sobriety checkpoints</li> <li>"killer bar" patrols</li> <li>ID checks</li> <li>criminal prosecution</li> </ul>
Early Intervention Services	counseling and support groups
Implementors	<ul> <li>college officials</li> <li>law enforcement officials</li> <li>liquor store owners</li> <li>college students</li> <li>parents</li> <li>AOD treatment providers</li> <li>elected officials</li> <li>other government officials</li> <li>community development officials</li> <li>AOD prevention leaders</li> <li>Alcoholic Beverage Control (ABC) Officials</li> <li>restaurant and bar owners</li> </ul>
Key Responsibilities	leadership, assessment, strategic planning, policy and program development, campus-community coordination, monitoring and evaluation



# State Association of Colleges and Universities

Public Policy Options	Lower blood alcohol limits for drivers under age 21     Distinctive and tamper-proof licenses for minors     "Use and lose" laws     Increased penalties for illegal service to minors     Dram shop laws     Certification for commercial alcohol servers     No "happy hours" or other reduced-price alcohol promotions     Keg registration     Limitations on hours of sale     Increased funding for law enforcement programs     Increased alcohol excise tax rates	
Implementors	<ul> <li>college officials</li> <li>other government officials</li> <li>state health associations</li> <li>state AOD prevention associations</li> <li>state business associations</li> <li>law enforcement officials</li> <li>elected officials</li> </ul>	
Key Responsibilities	Leadership, assessment, strategic planning, public policy development, cross-campus coordination, advocacy and social marketing, monitoring and evaluation	

Source: The US Department of Education Higher Education Center for Alcohol and Other Drug Prevention <a href="http://www.edc.org/hec/">http://www.edc.org/hec/</a>

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# ATTACHMENT I

N.D. COMMISSION ON ALCOHOL & SUBSTANCE ABUSE PREVENTION, INTERVENTION, AND TREATMENT NEEDS FOR THE SPIRIT LAKE TRIBE YOUTH

**NOVEMBER 2002** 

# N.D. Commission on Alcohol & Substance Abuse Prevention, Intervention, and Treatment Needs For the Spirit Lake Tribe youth November 2002

Submitted by:

Spirit Lake Tribe Youth Healing & Wellness Center

# Alcohol & Substance Abuse Prevention and Treatment Needs of the Spirit Lake Youth

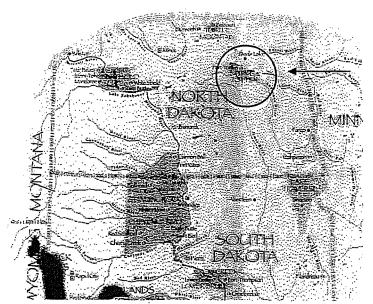
# SPIRIT LAKE TRIBE of North Dakota

# Location

The reservation of the Spirit Lake Tribe (formerly the Devils Lake Sioux Tribe) is located in northeastern North Dakota between the Devils Lake Basin on the north and the Cheyenne River on the south. Topography on the reservation ranges from northern flatlands with relatively sparse vegetation to thickly forested rolling hills along the Sheyenne River. In addition to the water features of the river and the 90,000-acre Devils Lake, there are numerous small lakes, streams and springs within the reservation, along with associated wetlands.

Spirit Lake Tribe reservation boundaries are located directly south of the community of Devils Lake, North Dakota where the two communities share the shores of Devils Lake. The Spirit Lake Reservation covers approximately 53,200 acres primarily in Benson County, with small amount in Ramsey, Eddy, and Nelson Counties. Ft. Totten, North Dakota is the tribal headquarters for the Spirit Lake Tribe and contains almost all business, agencies, and the primary school.

Spirit Lake Tribe is divided into four districts each district elects a representative to serve on the Tribal Council which conducts all governmental duties of the Tribe. Ft. Totten District-as mentioned before-is the largest district with the majority of Spirit Lake's native population. St. Michael/Mission District is the second largest district followed by Wood Lake District and Crow Hill District.



# History

The Spirit Lake Sioux belong to the Sisseton-Wahpeton Sioux Band. The tribe's ancestral grounds lie in what is now Minnesota; an 1862 discovery of gold in Minnesota enticed gold seekers and settlers through Minnesota Sioux Country, resulting in the Minnesota Uprising that same year. Following this conflict, many of the Sisseton-Wahpeton Band migrated southwest to what is now the Fort Totten, N.D. area. The reservation was established in

1867 by treaty between the United States Government and the Sisseton-Wahpeton Sioux Bands.

# Population

Total tribal enrollment is 5,086, and trust acreage of the reservation is 53,239. According to North Dakota Census 2000 data Spirit Lake Tribe has a total of 4,435 persons living within the reservation boundaries. Of the 4,373 persons 3,317 are American Indians and 1,056 are nonnative. With 3,317 American Indians living on the reservation over half are under the age of 18. Youth comprise as the majority of the Spirit Lake Reservation.

# **Economics**

Principal sources of employment include the school systems, I.H.S. (Indian Health Services), BIA (Bureau of Indian Affairs), The Spirit Lake Casino & Resort, and Tribal funded and grant established programs and agencies. Tribal owned industries employ approximately 400 people. Even though tribal members are given a preference when hiring employees, these industries do hire many non-Indian employees due to the lack of qualifications and skills of the Indian population. There are very few privately owned businesses on the reservation and all are small and a lot of the time employee no more than few people.

Poverty Rates for Indians in North Dakota are more than three times the rate for North Dakota including all races-38 percent compared to 11 percent of all North Dakota (ND Indian Affairs Commission 97-99 Biennial report, page 13). Many of the Spirit Lake residents are trapped in poverty. According to Spirit Lake Reservation Data Resources (1998), 61 percent of residents fall into a category that is 31 percent below the county median which for Benson County was \$17,221, while in North Dakota the median income was \$30,020. Poverty negatively impacts the health, safety, and academic achievement of children. In April 1998 Bureau of Indian Affairs Aberdeen Area report shows a 75 percent unemployment rate for the Spirit Lake Reservation, as compared to a U.S. rate of 4.3 percent. As a community, we cannot decrease alcohol and drug use without addressing and attempting to eliminate poverty

Due to inconsistency in economics, employment opportunities and lack of education when a person is able to acquire a job it most always is temporary. Programs that are implemented to address various issues are usually funded by grant monies and when funding runs out the program will also disappear. These grant programs may began to make strides in their program cliental but have to stop due to funding running out. In these cases of successful programming the cliental that are benefiting and improving areas of their lives are left in dismay and have to start from step one again by searching out for an agency or program who can help pickup where the grant program left off. Most times this leaves the clients frustrated and once again a sense of hopelessness.

# Overview

In 1993 the Spirit Lake Youth Drug & Alcohol Prevention Services experienced a drastic funding cut that resulted in a reduction of alternative activities, leadership programs, and services that were being provided to our Spirit Lake Youth. The result of this funding cut was a significant increase in referrals to the P.L. 99-570 (Youth Prevention/Youth Aftercare Services). These increases were not only identified in the P.L 99-570 (Youth Prevention/Youth Aftercare Services-further to be Youth Healing & Wellness Center) but also identified by other agencies that provide services to the youth population including juvenile court, mental health, etc.

In 1993 the Youth Healing & Wellness Center had received a total of six referrals for prevention, aftercare, or treatment services to 35 referrals in 1994 and 53 referrals in 1995. Beginning in 1995, the Spirit Lake Tribe supplemented the Youth Drug and Alcohol Program back to the original levels prior to 1993. But damage created by the two-year lapse in decreased prevention services could not rebound and a continued increase in referrals for prevention and treatment services continue to be seen.

During 1997 no prevention services were being provided by the P.L 99-570 program's due to lack of funding. The referrals during this time went from 70 referrals in 1996 to an increase of 104 referrals in 1997. It is felt the increase is attributed to minimal prevention services being provided.

After receiving a contract for prevention services from the state and a renewal in the traffic safety state contract the P.L. 99-570 program seen a decline in referrals from 104 referrals in 1997 to 68 in 1998 and dropped to a total of 66 referrals in 1999. In September 2000 the state contract for Traffic Safety was not renewed which lead to a decrease in staffing and a increase in the amount of referrals for 2002.

Other factors which contributed to the Youth Healing & Wellness Center's increase in referrals-for prevention and treatment services-that need to be noted is flooding that began in 1993 and continued into the new millennium. This factor was identified by a team of specialized mental health professionals who were requested to perform a needs assessment in 1997. These individuals assessed our youth after our communities went through a series of traumatic suicides by members of our youth population (see attachment). These suicides were devastating to our communities and families and are still reflected upon in current times as one of our highest prevention priorities. Another very influential factor contributing to an increase in referrals to the P.L. 99-570 was a minimal staffing problem at our I.H.S. Mental Health Services in 1996 and 1997. From September 2000 to March 2001 again there was almost no Mental Health Services available.

On Spirit Lake almost half of the population is under the age of 18. Our service providers are faced with many adversities including a population high in poverty, family/social dysfunction, social disorganization, and an already high prevalence of alcohol and substance abuse issues within our adult and youth communities. These youth service providers are trying to provide services to the best of their ability and cover what they can with what little they have to work with. In the cases of our mental health, addiction, and prevention services it becomes very difficult. These agencies comprise of one or two individuals attempting to provide services to a large population of youth and address the youth needs. A lot of the time these situations result in "burnout" for the mental health and addiction service providers.

With the capacity of the current mental health services and P.L. 99-570 operating with a minimal budget and insufficient number of staff (Mental Health: 1 psychologist, 1 social worker; P.L. 99-570: 1 License Addiction Counselor and 1 Prevention Coordinator) can

not even "scratch the surface" in addressing the need for alcohol and substance abuse prevention and treatment for the children/youth of the Spirit Lake Tribe.

As youth service providers it is difficult to serve in the capacity each of us hope to serve and work toward the goals and objectives that are outlined in the scope of work. But as many prevention and treatment service providers we will continue to support efforts and express the need of prevention services not only on the reservations of North Dakota but in our state.

We are all part of the communities, towns, and cities we live in and neighbor. When our neighboring towns are hurting or having difficulty our communities feel it. We need to support and work together in unity to heal our homes and communities.

# **Prevention Needs**

According to statistics from Spirit Lake, prevention and intervention services do help to minimize the need for addiction and treatment services. In 1993 the drastic cut in the Youth Drug and Alcohol program resulted in reduced prevention, alternative activities, and leadership development services. With the help of the North Dakota Indian Affairs Commission we have continued to operate at a minimal to provide what prevention, intervention, and aftercare/treatment services we can to the youth of Spirit Lake.

Referring to statistics it proves that the more alternative activities and prevention in the communities has an effect on the actual alcohol and substance abuse services we need. When youth contemplate what they would do on a Friday night having options available to them makes all difference. When there are no alternative activities to chose from they may look to alcohol and drugs. Currently, with the increase in methamphetamine and labs appearing in our areas the need for prevention, intervention, and education are of even greater importance for our adult and youth communities alike.

Additional Prevention Needs and Questions:

- Increase in funding levels from federal, state, and tribal governments
  - We are currently operating with a single prevention person with a budget that only covers operating cost and minimal funds for getting the needed materials for appropriate education, prevention, and intervention materials. Current materials available are outdated and un-attractive to today's youth.
  - Community and Support staff to help in implementing education and prevention and alternative activities.
- Facilities designed to serve in an appropriate youth capacity to provide prevention, education and alternative activities.
- Early prevention, intervention, and education materials that are culturally relevant and will appeal to Native American youth.

- Incorporate not only native youth but also any youth in the federal, state, and tribal prevention/intervention planning and implementation of programs. Also, include youth in the development of social marketing programs, curriculum, and prevention education material.
- More youth conferences/workshops held in our state and local areas to help in leadership development, citizenship, and peer leadership among youth.
- More networking between reservation services and outside agencies to collaborate and minimize duplication of services to regions.
- Change in laws addressing and penalizing adults when caught contributing to minors.
- Legislation in juvenile court systems to address the involvement of parents/guardians responsibilities to their child.
- Establish a statewide youth advisory board to assist in program development, legislation, or other issues that would benefit from youth involvement and insight.
- Prevention and intervention services that are tailored to family and the role they
  play in prevention for their youth and as a family unit.
- Develop a level of commitment from family, communities, schools, and agencies.
- Improvement on networking between both internal and external service providers so youth will no longer "fall through the cracks."

# **Treatment Services Needs**

North Dakota Statistics are very revealing in terms of the child and adolescent. The number of acts by teen's using/abusing mood altering substance remains continues to be on the incline. The number of accidents by youth under the influence of mood altering substance is extremely high. The number of youth demonstrating suicide gestures, often with completion, is extreme on one Reservation in particular, Spirit Lake.

We hear people speaking proudly of prevention, intervention, and treatment in general but when there is a need to tap into specific treatment services (residential, more long term) there is often limitations and many, many hurdles to cross before a placement can be made. Children and adolescences are frequently left in programs that are not appropriate in terms of therapeutic need and structure and as a result we see a cyclical state of life, particularly within the Spirit Lake Community.

• Is there an awareness of the current long term/residential treatment limitations for this population in North Dakota?

In terms of the professional approach with this population, more exploration is in order. The days of packaging a twelve-step program for everyone is in question. Yes, the twelve steps and AA/NA are working for many individuals but for a child or teenager the approach and message can often be pre-mature, inappropriate and even more confusing. The majority of children and youth using/abusing mood altering substances, particularly on the Spirit Lake Reservation are dealing with co morbidity issues at a very early age. This diagnosis in combined with further developmental, social and economic difficulties that equate into need for cohesive and comprehensive services from the multiple systems available to them. At this point that which is available within the Spirit Lake Community is extremely limited on every scale.

# Additional Treatment Needs and Questions:

- Increased funding levels from Federal, State, and Local governments to provide more services in treatment
  - Increase funding will enable more staff to be recruited and services will
    more quality orientated as well as improved follow-up and tracking clients
    as the work through systems.
  - Increased mental health staffing to better address and serve more members of the Spirit Lake Tribe.
  - Increase levels of State and I.H.S. funding. In 1987, \$37, 735.00 was allocated for each tribe recurring for aftercare and treatment services. This \$36,735.00 has not seen an increase since its inception.
- More resources for youth who are not on Medical Assistance or Health Insurance.
- Can the Spirit Lake tribe get an exemption for treatment services, much like Human Service Centers? If so, what will need to be in place? If, not, why?
- Can there be consideration for Addiction Counseling standards, as reservation counselors tend to be certified by Native American standards/accreditation and therefore exempt from State Licensing and resources therein?
- Can the Department of Human Services consider placing a treatment program with adequate staff, resources, funding within the Spirit Lake community for this population?
- Can the Department of Human Services provide assistance for appropriate In-Home Services for this population?
- Can monies within the Department of Human Service Center be allocated to the Reservation for the development of a community based treatment facility for this population? If this were a possibility what would the Spirit Lake tribe and agencies within the Spirit Lake Community need to consider?

Are there any opportunities to Coordinate efforts and funding with the
Department Corrections and Juvenile Justice System(s) to collaborate with
Reservation and State Mental Health and Substance Abuse Divisions on a facility
for children and youth within the Spirit Lake Community?

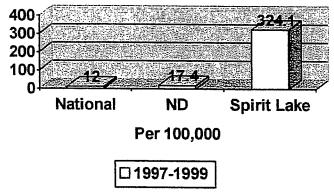
# Law Enforcement Needs

Leniency is one of the leading barriers for positive change on Spirit Lake. Social Norms and level of tolerance for alcohol and substance abuse is extremely high. Education and changes in law and codes need to be addressed. There needs to be an increased level of responsibility placed on the community, families, and youth to adhere to current law and codes. Also, there is a need for further education and support for the Spirit Lake law enforcement officers so they may better identify and address issues they may come across in their field of duties.

About half of the days in a year are school days. The other days fall in summer months, on weekends, and on holidays. Even though school days are half of all days, 57% of violent crimes committed by juvenile occur on school days. In fact, one of every five violent crimes committed by juveniles occurs in the four hours following the end of the school day (2:00 pm to 6:00 pm). On non-school days the incidence of juvenile violence increases through the afternoon and early evening hours, peaking between 8:00 pm and 10 pm (1999 National Report, Office of Juvenile Justice and Delinquency Prevention).

According to the North Dakota Indian Affairs Commission 97-99 Biennial Report, Indian youth are 382% higher suicide rate than the United States. When comparing the national, state, and Spirit Lake Tribe suicide statistics per 100,000 adolescents, they are as follows:

# Spirit Lake Tribe Suicide Rates compared to National and State



Needs for Law Enforcement include:

 State training offered to Tribal Law Enforcement officers so they may collaborate with local law enforcement.  Increased officers in the field to better cover vast areas of land. Especially due to the rise in methamphetamine labs and distribution.

# Substance Abuse and Mental Health Services currently available to Children and Adolescence within the Spirit Lake Community (age 17 and under)

# 1-Spirit Lake Prevention Coordinator

Spirit Lake Prevention Coordinator is designated to provide prevention services outlined by the CSAP Standards of Prevention. This prevention coordinator coordinates with all youth agencies to attempt to provide adequate prevention services and alternative activities for our youth populations. With over 2,500 youth this is difficult with limited funding and one person.

# 1-Licensed Addiction Counselor

This License Addiction Counselor is the only addiction service provider on the Spirit Lake Tribe specific to youth. With the youth population close to over 2,500, the prevalence in alcohol & substance abuse recognized in the adult and youth populations by all service agencies on the Spirit Lake Reservation and surrounding communities. It is expected of this License addiction counselor to schedule evaluations, screenings, individual counseling for youth coming out of treatment for aftercare, and low-intensity outpatient services. This individual also works in conjunction with our Wellness Court and receives referrals from various agencies inside and outside reservation boundaries.

# 1-Drug Court Coordinator

The Drug Court Coordinator works in conjunction with Juvenile Court to identify and work with the youth offenders where alcohol or drugs attributed to the crime. Drug Court Coordinator currently works with approximately 38 youth offenders as well as their families. There are several youth offenders we would like to participate in this program. It has been seen that recidivism is becoming minimal in the youth currently participating but again with limited funding and one person this task is difficult.

# 1-Mental Health Social Worker

Our Mental Health Social Worker is the only available person to do mental health services for the entire population of Spirit Lake. She works with both the adult and youth population.

# 1-Mental Health Psychologist

Due to limited funding our psychologist serves in an administrative capacity when her services as a full time psychologist to provide direct services would be most beneficial.

# Youth Interagency Committee

This committee was appointed by the Tribal Council to address youth issues. Members of this committee include all agencies that work with youth in any manner. Agencies included Mental Health, Drug Court Coordinator, License Addiction Counselor, Prevention Coordinator, Social Services, Law Enforcement, Schools, and other interested agencies and members of the community.

Working with youth is difficult. People who don't usually work with this group of people don't realize that working with youth who are dealing with an alcohol and substance abuse addiction as well as problems in the home and with friends. When you combine all of these with the day to day youth issues it isn't just dealing with an alcohol or substance abuse problem it involves addressing these other issues because they always go hand-in-hand. Adversities not only our Spirit Lake youth but all native youth and non-native youth face are so much different than that of an adult dealing with the same issues.

Adolescence is a time to live and learn. "Push the envelope" as they say, it is the time in a person's life when they discover who they really are and become who they are going to be. I always hear the saying "Children live what they learn." When a child begins their life in a home with poverty, acceptance of alcohol and drugs, dysfunction, and failure as part of everyday living it is no wonder some of our youth feel hopeless and trapped.

In the state of North Dakota and everywhere in the United States we are plagued by the alcohol and substance abuse. We are all short of adequate staffing, short of the needed prevention, intervention, and treatment needs of our youth. But as a state and tribal governments, we can work together to increase funding and properly address the needs of our youth in prevention, intervention, and treatment. As service providers we must take the time to listen to our youth and use what they are telling us to appropriately serve them in what they need. After all, they are our future and what kind of future will we have without them.

# **Spirit Lake Tribe**

Attachment #1

Statistical Information
Referrals to Youth Prevention
and
Youth Aftercare Services

# STATISTICAL INFORMATION

# YHWC AFTERCARE AND TREATMENT REFERRAL PROGRAM FOR CHILDREN AND ADOLESCENTS

**JANUARY 2002- NOVEMBER 20, 2002** 

# DATA COLLECTED REFLECTED THE FOLLOWING

# January 2002

3 Evaluations

All referred to outside agencies (LRHSC and Native Hope)

# February 2002

3 Evaluations

All referred to outside agencies (LRHSC and Native Hope)

# March 2002

3 Evaluations

All referred to outside agencies (LRHSC and Native Hope)

# April 2002

- \*\*\*In April YHWC made a contract for part time services with a LAC.
- 7 Evaluations
- 4 referred to outside treatment programs based on appropriate placement requirements.
- 3 referred to YHWC (Low Intensity and Aftercare).

## May 2002

- 1 Open-Close Evaluation
- 6 Evaluations
- 3 referred to outside treatment programs based on appropriate placement requirements.
- 3 referred to YHWC (LOW intensity and Aftercare)
- \*\*\*Please note that Drug Court and other Youth Agencies were now informed of need to refer clients with significant need for out of home services/structure to LRHSC for evaluation and recommendations.

# **June 2002**

- 1 Open-Close Evaluation
- 7 Evaluations
- 3 referred to outside treatment programs based on appropriate placement requirements.
- 4 referred to YHWC (Low Intensity and Aftercare)

# **July 2002**

- 4 Evaluations
- 2 referred to outside treatment programs based on appropriate placement requirements.
- 2 referred at YHWC (Low Intensity and Aftercare)

# August 2002

- 4 evaluations
- 2 referred to outside treatment programs based on appropriate placement requirements.
- 2 referred to services at YHWC (Low Intensity and Aftercare)

# September 2002

- 2 Evaluations
- 2 referred to YHWC (Low Intensity and Aftercare)
- \*LAC was on medical leave this past month and required to attend conferences this resulted in limited evaluation time slots. YHWC diverted clients to other agencies.

# October 2002

- 4 Evaluations
- 1 referred to out side agency
- 3 referred to YHWC (Low Intensity and Aftercare)

# November 2002

- 3 Evaluations
- 3 were referred to outside treatment programs based on appropriate placement requirements.

Please note that the above information does not take into account the phone screenings by the LAC, which directs clients and families to other more appropriate services. Nor, does it reflect the numbers of in person's screens that do not require a full evaluation, which is estimated to be 5 per week. Nor does it reflect those clients who reenter the system. And finally, the statistics no not identify the NO SHOW population.

2001: Total referrals: 65 Females: 22 Ages: 1-11, 1-12, 4-13, 6-14, 6-15, 2-16, 2-17 Males: 43 Ages: 1-8, 1-9, 1-10, 2-11, 1-12, 2-13, 4-14, 6-15, 14-16, 10-17, 1-18

Referral Sources: Tribal Court - 15 Females: 4 Males: 11 I.H.S./C.R.T. - 2 Females: 2 Males: 0 S.L.T.S.S. - 8 Females: 5 Males: 3 D.J.S. - 5 Females: 2 Males: 3 Parent/Grdn - 7 Females: 4 Males: 3 Self - 3 Females: 0 Males: 3 Prob.Off. - 1 Females: 0 Males: 1 Schools - 7 Females: 1 Males: 6

LRHSC - 9 Females: 4

Males: 5

Treatment facilities/providers - 4 Females: 0

Males: 4

Correctional facilities - 4 Females: 0

Males: 4

Primary problem: Substance Abuse - 0 , Alcohol - 36, Drugs - 1, Alcohol/Drugs - 10, Inhalents - 3, Depression/s/a - 3, Behavior - 3, COA/ACOS - 8, Family - 1

Aftercare program: 24 Females: 10

Males: 14

Treatment referrals: 37 NDSH - 1 Females: 0

Males: 1 (1-16, 1-17)
Native Hope - 6 Females: 2 (1-15, 1-17)

Males: 4 (2-15, 2-16, 1-17)

Medcenter 1 - 1 Females: 1 (1-13, 2-14)

Males: 0 (1-12, 1-17)

Our Home Inc. - 1 Females: 0

Males: 1 (1-14)

LRHSC - 24 Females: 8 (1-12, 1-14, 1-17)

Males: 16 (1-12, 1-13, 2-15, 3-16, 1-17)

Other referrals: 9 Corrections -7 Females: 0

Males: 7 (4-YCC, 2- NH, 1-PLC)

Mental Health - 1 Females: 1

Males: 0

Family Week Participation: 29 Females: 7

Males: 22

Recidivism: 6 females and 23 males had previously been program participants.

2000: \*Total referrals: 90 Females: 32 Ages: 2-12, 1-13, 8-14, 10-15, 3-16, 8-17

Males: 58 Ages: 2-11, 5-12, 3-13, 4-14, 13-15, 19-16, 12-17

Referral Sources: Tribal Court - 31 Females: 14 (1-13, 7-15, 2-16, 4-17) Males: 17 (6-15, 9-16, 2-17) S.L.T.S.S. - 6 Females: 2 (1-14, 1-15)Males: 4 (1-12, 1-14, 1-15, 1-17) D.J.S. - 10 Females: 1 (1-16)Males: 9 (3-12, 1-14, 2-15, 2-16, 1-17) Parent/Grdn - 26 Females: 8 (2-12, 4-14, 1-15, 1-17) Males: 18 (1-11, 1-12, 3-13, 3-15, 4-16, 6-17) Self - 4 Females: 3 (1-14, 1-15, 1-17) Males: 1 (1-17)Prob.Off. - 3 Females: 1 (1-17)Males: 2 (2-15)Schools - 6 Females: 4 (2-14, 1-16, 1-17) Males: 2 (1-14, 1-15)LRHSC - 1 Females: 0 Males: 1 (1-16)NDSH - 2 Females: 0 Males: 2 (2-16)Native Hope - 1 Females: 0 Males: 1 (1-17)

Primary problem: Substance Abuse - 1, Alcohol - 33, Drugs - 4, Alcohol/Drugs - 35, Inhalents - 7, Depression/s/a - 4, Behavior - 6,

Outpatient program: 44 Females: 17 (1-12, 6-14, 5-15, 1-16, 4-17)

Males: 27 (1-11, 1-12, 2-13, 2-14, 8-15, 11-16, 2-17)

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Treatment referrals: 37
                                NDSH - 2
                                                Females: 0
                                                  Males: 2
                                                                (1-16, 1-17)
                                TATC - 7
                                                Females: 2
                                                                (1-15, 1-17)
                                                  Males: 5
                                                                (2-15, 2-16, 1-17)
                       Native Hope - 1
                                                Females: 0
                                                  Males: 1
                                                                (1-17)
                           Uni-Med - 5
                                                Females: 3
                                                                (1-13, 2-14)
                                                  Males: 2
                                                                (1-12, 1-17)
                                MRC - 7
                                                Females: 3
                                                                (1-15, 2-17)
                                                  Males: 4
                                                                (2-16, 2-17)
                           AAYRTC - 3
                                                Females: 1
                                                                (1-15)
                                                  Males: 2
                                                                (1-14, 1-17)
                      Our Home Inc.- 1
                                                Females: 0
                                                  Males: 1
                                                                (1-14)
                            LRHSC - 11
                                                Females: 3
                                                                (1-12, 1-14, 1-17)
                                                  Males: 8
                                                                (1-12, 1-13, 2-15, 3-16, 1-17)
Other referrals: 9
                       TSS - 3 Females: 1
                                                (1-15 to Charles Hall)
                                   Males: 2
                                                (1-15 to RRVR, 1-11 to Manchester House)
                        DJS - 4 Females: 1
                                                (1-15 to Fargo)
                                                (1-17 to PATH, 1-12 to YCC, 1-17 to Parkston)
                                   Males: 3
     Village Family Services - 1 Females: 1
                                                (1-16 for In-Home sevices)
           DL-Juvenile Court - 1 Females: 1
                                                (1-16 for disposition)
Family Week Participation: 10
                                Females: 4
                                                (4-15)
                                  Males: 6
                                                (2-15, 4-17)
 Aftercare Participation: 17
                                Females: 4
                                                (4-15)
                                                (3-15, 4-16, 6-17)
                                 Males: 13
```

Recidivism: 11 females and 30 males had previously been program participants.

In addition to these there were 3 females and 5 males that were provided with transportation services to the LRHSC for ACOA group. Twice a week (2 different groups) for 8 weeks.

1999: Total referrals: 67 Females: 25 Ages: 1-10, 3-12, 2-13, 6-14, 2-15, 6-16, 4-17, 1-21 Males: 42 Ages: 2-11, 1-12, 7-13, 6-14, 7-15, 13-16, 4-17, 1-18, 1-19

D. f 10		
Referral Sources: IHS - 2	Females: 0 Males: 2	(1-13, 1-14)
Tribal Court - 26	Females: 10 Males: 16	(2-12, 3-14, 1-15, 2-16, 2-17) (1-14, 6-15, 6-16, 1-17, 1-18, 1-19)
S.L.T.S.S 2	Females: 2 Males: 0	(2-17)
D.J.S 9	Females: 5 Males: 4	(2-14, 1-15, 2-16) (3-13, 1-16)
Parent/Grdn - 10	Females: 4 Males: 6	(1-10, 1-12, 1-14, 1-16) (1-12, 2-13, 1-14, 1-16, 1-17)
Self - 2	Females: 1 Males: 1	
LRHSC - 1	Females: 1 Males: 0	(1-16)
L.R.Court - 1	Females: 0 Males: 1	(1-17)
Prob.Off 5	Females: 2 Males: 4	
Schools - 9	Females: 1 Males: 8	(1-12) (2-11, 1-14, 1-15, 3-16, 1-17)

Primary problem: Substance Abuse - 8, Alcohol - 11, Drugs - 0, Alcohol/Drugs - 48

Outpatient program: 35 Females: 18 (1-10, 3-12, 1-13, 4-14, 2-15, 5-16, 1-17, 1-21)
Males: 17 (1-11, 2-13, 2-14, 3-15, 5-16, 2-17, 1-18, 1-19)

Treatment referrals: 30 NDSH - 2 Females: 1 (1-12)

Males: 1 (1-16)

TATC - 21 Females: 5 (1-14, 2-16, 2-17)

Males: 16 (1-12, 3-13, 4-14, 3-15, 3-16, 2-17)

Uni-Med - 3 Females: 0

Males: 3 (1-11, 1-13, 1-16)

M.R.C. - 3 Females: 1 (1-17)

Males: 2 (2-16)

Other referrals: 3 DJS: 2 Females: 1 (1-14 to YCC)

Males: 1 (1-13 to YCC)

MedCenter One: 1 Females: 0

Males: 1 (1-15 asessement)

Family Week Participation: Females: 8 (1-12, 2-14, 2-16, 3-17)

Males: 23 (1-11, 1-12, 4-13, 4-14, 4-15, 7-16, 2-17)

Aftercare Participation: Females: 8 (1-12, 2-14, 2-16, 3-17)

Males: 23 (1-11, 1-12, 4-13, 4-14, 4-15, 7-16, 2-17)

Recidivism: 8 females and 23 males had previoully been program participants.

1998: Total referrals: 73 Females: 37 Ages: 3-12, 3-13, 4-14, 8-15, 8-16, 11-17 Males: 36 Ages: 1-10, 1-12, 1-13, 11-14, 8-15, 5-16, 7-17, 2-18

Referral Sources: IHS - 6	Females: 5 Males: 1	(1-12, 1-14, 1-15, 2-17) (1-14)
S.L.Tribal Court - 36		(1-13, 1-14, 4-15, 7-16, 5-17) (6-14, 5-15, 3-16, 2-17, 2-18)
S.L.T.S.S 5	Females: 3 Males: 2	(2-12, 1-15) (1-13, 1-15)
D.J.S 5	Females: 0 Males: 5	(1-15, 1-16, 3-17)
Parent/Grdn - 9	. 0	(1-14, 2-15, 1-16, 1-17) (1-10, 1-12, 1-14, 1-16)
Self - 1	Females: 1 Males: 0	(1-17)
S.R.S.T.S.S 1	Females: 1 Males: 0	(1-17)
Prob.Off 3	Females: 1 Males: 2	(1-17) (1-14, 1-17)
Schools - 7	Females: 3 Males: 4	(2-13, 1-14) (2-14, 1-15, 1-17)

Primary problem: Substance Abuse - 11, Alcohol - 13, Drugs - 3, Alcohol/Drugs - 39, Inhalents - 0, Mental Health - 4, Psychological - 2, Physiological - 1

Outpatient program: 36 Females: 17 (2-12, 3-14, 3-15, 4-16, 5-17)
Males: 19 (5-14, 4-15, 3-16, 5-17, 2-18)

Treatment referrals: 28 NDSH = 1 Females: 0

Males: 1 (1-14)

TATC = 19 Females: 9 (1-13, 1=14, 3=16, 4-17)

Males: 10 (1=12, 3=14, 2=15, 2=16, 2=17)

AAYRTC = 1 Females: 1 (1=15)

Males: 0

Uni-Med = 5 Females: 4 (2-15, 1-16, 1-17)

Males: 1 (1-14)

M.R.C. - 2 Females: 2 (1-15, 1-17)

Males: 0

Other referrals = 7 TC/TSS: 2 Females: 0

Males: 2 1-15 & 1-16 to YCC

DJS: 1 Females: 1 1-15 to behavioral program

Males: 0

MedCenter One: 2 Females: 2 1-13 depression, 1-13 assessment

Males: 1 1-15 assessment

NDSH: 1 Females: 1 1-13 depression

Males: 0

IHS Mental Health: 2 Females: 0

Males: 2 1-10 & 1-13 behavior problems.

Family Week Participation: 33 Females: 18 (2-13, 1-14, 7-15, 1-16, 7-17)

Males: 15 (1-12, 3-14, 6-15, 2-16, 3-17)

Aftercare Participation: 33 Females: 18 (2-13, 1-14, 7-15, 1-16, 7-17)

Males: 15 (1-12, 3-14, 6-15, 2-16, 3-17)

Recidivism: 19 females and 15 males had previously been program participants.

1997 Total referrals: 101 Males: 57 Ages: 3-12, 4-13, 17-14, 10-15, 8-16, 12-17, 3-18, Females: 44 Ages: 10-14, 12-15, 12-16, 8-17,

Referral Sources: IHS - 5 Females: 1 (1-15) Males: 4 (2-14, 2-15) Tribal Court - 48 Females: 21 (6-14, 5-15, 3-16, 7-17) Males: 27 (1-12, 2-13, 7-14, 6-15, 5-16, 6-17) **TSS - 8** Females: 4 (2-14, 1-16, 1-17) Males: 4 (3-14, 1-17) **DJS - 3** Females: 0 Males: 3 (3-16) Parent/Grdn - 11 Females: 6 (2-14, 2-15, 2-16) Males: 5 (1-12, 3-14, 1-18) Self - 11 Females: 6 (5-16, 1-17) Males: 5 (1-13, 1-15, 2-17, 1-18) R.C. Juv.Court - 2 Females: 1 (1-15) Males: 1 (1-15) US Prob. - 1 Females: 0 Males: 1 (1-17) Schools - 9 Females: 4 (3-15, 1-16) Males: 5 (1-12, 1-13, 1-14, 1-15, 1-17)

M.R.C. - 1 Females: 1 (1-14)

Males: 0

LRHSC - 1 Females: 0

YCC - 1 Females: 0 Males: 1 (1-17)

Primary problem: Substance Abuse - 9, Alcohol - 28, Drugs - 1, Alcohol/Drugs - 54, Inhalents - 2, Mental Health - 2, Psychological - 5

Males: 1 (1-18)

Outpatient program: 60 Females: 25 (5-14, 6-15, 9-16, 5-17)

Males: 35 (3-12, 3-13, 7-14, 5-15, 6-16, 8-17, 3-18)

Treatment referrals: 40 NDSH - 5 Females: 2 (1-14, 1-16)

Males: 3 (3-14)

TATC - 24 Females: 11 (2-14, 4-15, 2-16, 3-17)

Males: 13 (1-13, 4-14, 4-15, 1-16, 3-17)

Uni-Med - 4 Females: 2 (1-15, 1-17)

Males: 2 (1-14, 1-16)

M.R.C. - 6 Females: 4 (2-14, 1-15, 1-17)

Males: 2 (1-14, 1-15)

Our Home Inc - 1 Females: 1 (1-14)

Males: 0

Other referrals - 1 LRHSC - 1 Females: 0

Males: 1 (1-17)

Family Week Participation: 36 Females: 17 (5-14, 5-15, 2-16, 5-17)

Males: 21 (1-13, 10-14, 4-15, 2-16, 4-17)

Aftercare Participation: 44 Females: 19 (5-14, 5-15, 3-16, 6-17)

Males: 25 (1-13, 10-14, 5-15, 2-16, 6-17, 1-18)

Recidivism: 16 females and 18 males had previoully been program participants.

.1996: Total referrals: 70 Females: 32 Ages: 6-13, 3-14, 8-15, 8-16, 6-17, 1-18, Males: 38 Ages: 1-12, 1-13, 1-14, 9-15, 12-16, 10-17, 1-18, 2-19, 1-21

Referral Sources: IHS - 7 Females: 5 (1-13, 1-16, 3-17) Males: 2 (1-15, 1-18)

S.L.T.Court - 20 Females: 8 (1-13, 1-15, 4-16, 2-17)

Males: 12 (1-12, 1-13, 2-15, 2-16, 3-17, 2-19, 1-21)

S.L.T.S.S. - 15 Females:10 (3-14, 5-15, 1-16, 1-18) Males: 5 (1-14, 2-15, 1-16, 1-17)

Family Circle - 1 Females: 0

Males: 1 (1-16)

Div.Juv.Serv. - 11 Females: 1 (1-13)

Males: 10 (7-16, 3-17)

Parent/Grdn - 6 Females: 4 (2-13, 1-15, 1-16)

Males: 2 (2-15)

Self - 2 Females: 2 (1-13, 1-16)

Males: 0

GF Court - 1 Females: 0

Males: 1 (1-17)

YCC - 2 Females: 0

Males: 2 (1-15, 1-17)

Schools - 4 Females: 1 (1-15)

Males: 3 (1-15, 1-16, 1-17)

NDSH - 1 Females: 1 (1-17)

Males: 0

Primary problem: Substance Abuse - 4, Alcohol - 16, Drugs - 2, Alcohol/Drugs - 38, Inhalents - 2, Mental Health - 0, Psychological - 4, Physiological - 3 Legal - 1

Outpatient program - 45 Females: 24 (4-13, 2-14, 8-15, 5-16, 4-17, 1-18)

Males: 21 (1-13, 1-14, 5-15, 7-16, 4-17, 2-19, 1-21)

Treatment referrals - 24 NDSH - 2 Females: 0

Males: 2 (1-16, 1-17)

TATC - 8 Females: 1 (1-13)

Males: 7 (1-12, 2-15, 2-16, 2-17)

Uni-Med - 11 Females: 5 (1-14, 1-15, 3-16)

Males: 6 (1-15, 2-16, 2-17, 1-18)

M.R.C. - 2 Females: 1 (1-17)

Males: 1 (1-17)

Our Home- 1 Females: 1 (1-13)

Males: 0

Other referrals - 1 DJS/YCC - 1 Females: 0

Males: 1 (1-15)

Family Week Participation - 39 Females: 14 (3-13, 2-14, 2-15, 3-16, 4-17)

Males: 25 (1-12, 5-15, 11-16, 7-17, 1-18)

Aftercare Participation - 37 Females: 15 (2-13, 1-14, 4-15, 2-16, 5-17, 1-18)

Males: 22 (1-12, 6-15, 6-16, 6-17, 1-18, 2-19)

Recidivism: 13 females and 19 males had previoully been program participants.

1995: Total referrals: 53 Females: 23 Ages: 7-12, 2-14, 6-15, 4-16, 2-17, 1-18, 1-20 Males: 30 Ages: 2-10, 1-11, 1-13, 4-14, 4-15, 8-16, 10-17 Referral Sources: IHS - 4 Females: 0 Males: 1 (1-11, 1-16, 2-17) S.L.T.Court - 24 Females:13 (3-12,1-14, 5-15, 2-16, 1-17, 1-18) Males: 11 (2-10, 1-14, 2-15, 1-16, 5-17) S.L.T.S.S. - 8 Females: 4 (2-12, 1-15, 1-17) Males: 4 (1-15, 2-16, 1-17) Div.Juv.Ser. - 5 Females: 0 Males: 5 (1-15, 3-16, 1-17) Parent/Grdn - 7 Females: 3 (1-12, 2-16)Males: 4 (1-13, 1-14, 1-16, 1-17) Self 2 Females: 2 (1-12, 1-14)Males: 0 R.C.S.S. - 1 Females: 0 Males: 1 (1-14)Prob.Officer -1 Females: 1 (1-20)Males: 0

Primary problem: Substance Abuse - 9, Alcohol -14, Drugs - 3, Alcohol/Drugs - 25, Inhalents - 0, Mental Health - 0, Psychological - 0, Physiological - 2

(1-14)

Females: 0 Males: 1

Schools

Outpatient program: 26 Females: 11: (3-12, 2-14, 2-15, 1-16, 2-17, 1-20)

Males: 15: (2-10,1-11, 1-13, 1-14, 1-15, 4-16, 5-17)

Treatment referrals - 21: NDSH - 3 Females: 1 (1-15)

Males: 2 (2-17)

TATC - 7 Females: 3 (1-12, 1-16, 1-18)

Males: 4 (1-14, 1-15, 1-16, 1-17)

Uni-Med - 9 Females: 6 (1-12, 3-15, 2-16)

Males: 3 (1-16, 2-17)

Our Home Inc.- 2 Females: 2 (2-12)

Males: 0

Other referrals - 6: LRHSC - 1 Females: 0

Males: 1 (1-14)

DJS - 4 Females: 0

Males: 4

(1-14-HOTR, 1-16-Dept.Cor,1-16 -YCC, 1-15-HF-beh. issues)

Village Family Services - 1 Females: 1 (1-15 for in-home services)

Family Week Participation - 25 Females: 12 (4-12, 4-15, 3-16, 1-18)

Males: 13 (2-14, 3-15, 3-16, 5-17)

Aftercare Participation - 30 Females: 12 (4-12, 4-15, 3-16, 1-18)
Males: 18 (2-14, 3-15, 6-16, 7-17)

Recidivism: 12 females and 10 males had previously been program participants.

Year of Service:

1992: Total referrals: 6 Males: 4 Ages: 13,13,13,14; Females: 2 Ages: 12,12

Referral Sources: IHS - 2; Tribal Court - 3; Parent - 1

Primary problem: Substance Abuse - 6

Outpatient Program: 1 participated in individual counseling.

Treatment referrals: 4 1 12 year old female to TATC in Sisseton, SD

1 12 year old female to MRC in Williston ND

1 14 year old male to Minot hospital

1 13 year old male to St. Johns Hospital in Fargo ND

Family Week Participation: 4 Males Aftercare Participation: 4 Males

Recidivism: 3 males and 1 female had previously been program participants.

1993: Total referrals: 6 Males: 3 Ages: 14,14,16; Females: 3 Ages: 14,14,15

Referral Sources: IHS - 1 14 yr. old female; Tribal Court - 1-14 & 1-16 yr. old male;

TSS - 1-14 yr. old female; FCT - 1-14 yr. old female,

Parent - 0; Self - 1-15 yr.old female.

Primary problem: Substance Abuse - 6

Outpatient program: 1-14 & 1-15 yr old female, 1-14 & 1-16 yr.old male, Treatment referrals: 4 1-14 year old female to TATC in Sisseton, SD

1-14 year old male to United Recovery Center in Grand Forks ND

Family Week Participation: 1-14yr old male & 1-14 yr.old female. Aftercare Participation: 2-14 yr. old females & 1-14 yr. old male

Recidivism: 3 males and 1 female had previously been program participants.

1994: Total referrals: 11 Males: 7 Ages: 2-15, 4-16, 1-18; Females: 4 Ages: 1-13, 3-15

Referral Sources: IHS - 1 15 yr. old female, and 1-16 yr old male,

Tribal Court - 1-15 yr. old female; and 2-16 & 1-18 yr. old males,

TSS - 1-13 & 1-15 yr. old female,

FCT - 1-16 yr. old male, DJS - 2-15 yrold males.

Parent - 0. Self - 0.

Primary problem: Substance Abuse - 10; Psychological - 1

Outpatient program: 1-13 & 3-15 yr old females, 2-15, & 1-18 yr.old males,

Treatment referrals: 4 1-16 year old male to Minot Hospital.

2-16 year old males to ND State Hospital.

1-16 year old male to un-named facility.

Family Week Participation: 3-16 yr. old male & 1-15 yr.old female.

Aftercare Participation: 1-13, 1-15 yr. old females & 2-15 & 4-16 yr. old males

Recidivism: 3 males and 1 female had previously been program participants.

Note: 24 referrals from tribal court for A&D education - 19 females & 5 males ranging in age from 11-17.

SPIRIT LAKE TRIBE PL. 99-570 STATISTICS

Calander Years 1993-2000

				Substa Proble			l Health & ior Problems	
Year	Referrals	Males	Females	Males	Females	Males	Females	No diag.
1993	6	. 3	3	3	3	0	0	0
1994	35	12	23	11	23	1	0	0
1995	53	31	22	30	21	1	. 1	0
1996	70	38	32	30	29	6	2	3
1997	104	61	43	58	40	3	3	0
1998	68	33	35	32	33	1	2	0
1999	66	41	25	41	25	0	0 .	0
2000	71	39	32	34	30	3	2	2

Source: PL.99-570 Client Files and Monthly Reports.

## **Spirit Lake Tribe**

**Attachment #2** 

Suicide Statistical Information For January 1991-December 2000

## SUICIDE STATS FOR SPIRIT LAKE NATION

January to December 2000 (these are not accurate stats because of a change over in staff)

- 7 Adults attempted
- 2 Adolescents attempted

January 1999 to December 1999

- 8 Adult attempts with 5 completions
- 6 Adolescent attempts with 1 completion

January 1998 to December 1998

- 20 Adult attempts with 10 completions
- 21 Adolescent attempts with 5 completions

January 1997 to February 1997.

Adult stats not available

8 Adolescent attempts completions unavailable

January 1996 to December 1996

- 8 Adults attempted with 1 completion
- 15 Adolescents attempted with 4 completions

January 1995 to December 1995

- 10 Adults attempted with no completions
- 11 Adolescents attempted with no completions

January 1994 to December 1994

Adult stats not available

8 Adolescent attempts completions not available

January 1993 to December 1993

- 17 Adults attempted completions not available
- 10 Adolescent attempts completions not available

January 1992 to December 1992

- 27 Adults attempted completions unavailable
- 8 Adolescent attempts completions unavailable

January 1991 to December 1991

- 24 Adults attempted completions unavailable
- 4 Adolescents attempted completions unavailable

November 1990 to December 1990 5 Adults attempted with one completion 1 Adolescent attempted

Stats were gathered from IHS Suicide Surveillance Forms and a report compiled by Trauma Team completed in April 1997

Compiled by DeeAnn DuBray IHS-Mental Health/ Social Services 9/20/2001 Suicide ideations, gestures, attempts, and completions for Spirit Lake Nation

January		2001	2002
	adult males	2	2
	adolescent males	0	0
	adult females	0	4
	adolescent females	0	5
February			
Columny	adult males	0	
	adolescent males	0 0	1
	adult females	2	0
	adolescent females	1	1 2
		•	2
March			
	adult males	1	4
	adolescent males	0	2 .
	adult females	0	1
	adolescent females	1	4
April			1 adult male completion
	adult males	2	3
	adolescent males	0	ა 0
	adult females	0	4
	adolescent females	0	3
			, and the second
May	makali	•	
	adult males	4	4
	adolescent males adult females	0	0
	adolescent females	1	1
	adolescent lentales	0 1 adult male completion	4
June		r addit male completion	through May 29th
	adult males	2	
	adolescent males	0	
	adult females	2	
	adolescent females	2	
July .			,
•	adult males	1	
	adolescent males	0	
	adult females	2	
	adolescent females	0	
A			
August	male lib made a	_	
	adult males	0	
	adolescent males adult females	0	
	adult remaies adolescent females	2	
	adolescent temales	2	

### 1 adult female completion

September	•	
adult males	2	
adolescent males	0	
adult females	.1	
adolescent females	1	
October		
adult males	0	
adolescent males	0	
adult females	0	
adolescent females	2	
November		
adult males	5	
adolescent males	2	
adult females	6	•
adolescent females	2	
December		
adult males	0	
adolescent males	0	
adult females	1	
adolescent females	2	
Totals:		
adult males	23	14
adolescent males	2	2
adult females	16	11
adolescent females	14	18
3 completed suicides of 1 female adult and 2 male adults		1 completion adult male
Total:	55	45

## Spirit Lake Tribe

Attachment #3

Treatment Services available For youth placement in North And South Dakota

### Treatment Services in North Dakota and South Dakota for Children and Youth

Lake Region Human Services Center - 28 day stay. 3rd party billing and MA covers.

Trinity Hospital Minot - 28 day stay. 3rd party billing. MA covers 21 days.

Mercy Recovery Center Williston - 28 day stay. 3rd party billing. MA covers 21 days,

Dakota Boys Ranch Fargo - 6 to 12 month stay. 3rd party billing and MA coverage. CD diagnosis can be primary with co-occurring diagnosis. Placement issues due to reported lack of appropriate custodial/professional and familial involvement or absence altogether.

Dakota Boys Ranch Minot - 4 months. Coverage, issues/problems same as above.

Luther Hall Fargo - 9 months. Coverage, issues/problems are same as above. Placement based on primary diagnosis emotional or psychiatric and CD is secondary.

Manchester House Bismarck - 2 to 24 months. Same as above. Specific services for children under age 10 with severe emotional disturbances and CD issues secondary. Placement through Mental Health or Social Services.

Ruth Meiers Center Grand Forks - CD issues are secondary to emotional diagnosis. Placement made by Mental Health and Social Services. Stay is 4 to 5 months. Reported 2 beds for Spirit Lake youth but some of same issues as noted in above and reports slow payments/withholding payments.

Native Hope, South Dakota - 32 day stay. 3rd party and MA coverage.

Chief Gull, South Dakota - placement is little to non existence.

Past facilities which are no longer available for clientele: NDSH Jamestown Our Home, South Dakota - closed ARC, South Dakota - closed

All Iowa and Nebraska sites cannot take North Dakota residence.

## **Spirit Lake Tribe**

Attachment #4

Youth Aftercare/Treatment/
Counseling current program
Synopsis
And
Where Spirit Lake would like to attain

## SPIRIT LAKE TRIBE PL.99-570 – FY 2003 BUDGET 6/02

PERSONNEL: 1 - Licensed Addiction	Comselor - 1750 Hrs @		\$33,25	0.00
FRINGE: FICA Medicare SUTA Wkmns. comp. Retirement	:6.2 % of total wages :1.45% of total wages :1.62 % on 17,400 :1.44% on 17,400		\$ 4,48	35.00
TOTAL PERSONNEL A	IND FRINGE		\$37,7	35.00
COMMUNITY EDUCA	TION & PREVENTION		\$	0
POSTAGE COPY/PRINTING OFFICE/COMPUTER S TRAVEL/MILEAGE TRAINING INSURANCE: Building EQUIPMENT TECHNICAL SERVICE HEALTH & WELLNES SPECIAL PROJECTS: PROFFESSIONAL RE	- 300.00, Prop300.00, W SUPPLIES g & Property E AND MAINTENANCE	e Tion	666666666666666666666666666666666666666	0 0 0 0 0 0 0 0
	c 00 mz 2002 DIBECT		<b>\$</b> 27	735.00
DIRECT COST: 37,73	5.00 FY-2003 DIRECT		-	735.00
INDIRECT COST @				,660.25
TOTAL CONTRACT			\$42,	857.00

Proposed Scope of Services

Objective 1: Evaluation and Treatment Referrals

Qualitive Evaluation	Monthly Reports Consumer Reports	Client Files	Same	Same	·			
Collaborating Resources	Wellness Court, Social Services, I.H.S. Mental Health, Schools,	Tribal Health, Lake Region Human Service Center	Same	Same				·
Assigned 'Fo	Youth Counselor		Youth Counselor	Youth Counselor				
MO	On-going		On-going	On-going		•		
Who is	Serviced Clients, families,	referral agencies	Clients, Families	Clients				
Activity	to be accomplished Provide intake and screening services for all referrals.	Determine appropriate referral, provide client all available options and information.	Refer clients with Title IX to Lake Region Human Service Center for evaluation. Recommend treatment options or other services to clients and their families.	Refer clients to most appropriate treatment services or facilities upon completion of an alcohol/substance abuse evaluation.				
Took	Number Number		#- #-	1-0			 	39

5002

Proposed Scope of Services

ective 2: Aftercare

	A A still it is	Who is		Assigned	Collaborating Recollects	Qualitive Evaluation
sk imber	Activity to be accomplished	Serviced	Q.M.	10	and and altitude	Monthly Reports
4	Coordinate family week/days for clients and their families during treatment.	Clients, families,	On-going	Youth Counselor	Treatment facilities and providers, Clients and families, Treatment team.	Consumer Reports Client Files
- B	Contact client with in three working days of their discharge from a treatment program. Complete intake and orlentation to program goals and expectations if not previously completed.	Clients, Families	On-going	Youth Counselor	Treatment facilities and providers, Clients and families, Treatment team.	Monthly Reports Consumer Reports Client Files
7-C	Complete aftercare plan and provide client with individual counseling, aftercare meetings, and referrals to support groups. Also referrals to appropriate services.	Clients, Families	On-going	Youth Counselor	Wellness Court, Mental Health Clients and families, Treatment team.	Monthly Reports Consumer Reports Client Files
I-40						

PL,99-570 Proposed Scope of Services

bjective 3: Low Intensity Out Patient Treatment

Qualitive Evaluation	Monthly Reports Treatment Services document.	Monthly Reports Consumer Reports Client Files	Monthly Reports Consumer Reports Client Filos			
Collaborating Resources	Wellness Court, I.H.S. Mental Health, ND Division of Mental Health and Substance Abuse Services, Lake Region Human Service Center, Treatment team.	Wellness Court, I.H.S. Mental Health, ND Division of Mental Health and Substance Abuse Services, Lake Region Human Service Center, Treatment team.	Wellness Court, I.H.S. Mental Health, ND Division of Mental Health and Substance Abuse Services, Lake Region Human Service Center, Treatment team.			
Assigned To	Youth Counselor	Youth Counselor	Youth Counselor			14 / 100
NO.	Оп-доілв	On-going	On-going			
Who is	Clients, families,	Clients, Families	Clients, Families			
Activity	to be accomplished Development, and organization of a low intensity out patient treatment program	Implementation of Low Intensity Out Patient Treatment Services per ND Division of Mental Health and Substance Abuse Services standards.	Provide Evaluation and Referral Services as described in Objective 1. Provide individual, group, and family counseling.			
That.	Number 3-A	3-B	3-C	-	I-41	

Proposed Scope of Services

:

bjective 4: Community Education and Prevention

Qualitive Evaluation	Monthly Reports Consumer Reports Activity reports	Monthly Reports Consumer Reports Activity reports				The second secon
Collaborating Resources	Inter-Agency Youth Services Committee,	Inter-Agency Youth Services Committee,				
Assigned To	Youth Counselor.	Youth Counselor				
Q.M.	As Identified	As scheduled				
Who is Surviced	Children, Youth , and communities	Children, Youth, Families, Schools				
Activity	Assist with the implementation of planned alternative activities during high risk times in collaboration with the Inter-Agency Youth Services Committee.	Assist with the implementation of Leadership Development and Cultural Awareness activities.  Ex: Youth Leadership Conference, Culture Camp.				
Task	A-A	4-B			1-42	

PL,99-570 Proposed Scope of Services

bjective 5: Administration and Management

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Qualitive Evaluation	Monthly Review	Monthly Review	Monthly Reports Training Reports	Monthly Reports	Licensure document	Provider documents		
Collaborating Resources	Health Administration	Health Administration Health Board PMO	Health Administration Health Board	Health Administration	Health Administration, Health Board, ND Division of Mental Health and Substance Abuse Services, Lake Region Human Services Center	Health Administration, Health Board, ND Division of Mental Health and Substance Abuse Services, Lake Region Human Services Center		
Assigned To	Youth Counselor	Youth Counselor	Youth Counselor	Youth Counselor	Youth Counselor	Youth Counselor		
. W.O	On-going	On-going	On-going	On-going	On-going	On-going		
Who is	Contract	Contract	Contract	Contract	Contract Tribe Clients Families	Contract Tribe Clients Families		
Activity	Ensure compliance of ASAP and TSQR completion	Ensure policies and procedures for the PL.99-570 and PL.100-690 are updated to ensure compliance with North Dakota licensure standards.	Assure continued education is conducted for certification and licensure maintenance, and management training for Youth Counselor	Conduct appropriate administrative duties for the day to day operations of the program.	Seek licensure by the state of North Dakota.	Seek Program eligibility for Medical Assistance and third party reimbursements.		
Trisk	Number 5-A	5-B	\$-C	5-D	5-E	7.5	1-43	<b>T</b>

Toward A Comprehensive Low Intensity Outpatient Addiction Treatment Program for Adolescents: A Vision for Spirit Lake Tribe Youth Healing and Wellness Center

### August 2002

### **Background**

At the present time the only licensed outpatient addiction treatment program available to adolescents in our region is at the Lake Region Human Service Center. That program is primarily a high intensity service. Transportation problems and appropriateness of services for the Native youth population have always complicated the referral process. In addition, many adolescents on the Reservation could benefit from a local, highly culturally sensitive, community based, long term, and comprehensive treatment program. Such a program at the Spirit Lake Tribe Youth Healing and Wellness Center (SLTC) is feasible, practical, and capable of generating its own funding options. The Vision presented here is for a low intensity program which could eventually expand into more intensive services. This proposal recognizes that the only chance for success is to meet all state requirements for a fully licensed program.

The program is designed to be flexible and long term. Individual, group, family addiction counseling would be coordinated with medical, psychological, and preventive services. Each client would receive a comprehensive addiction evaluation and a highly individualized treatment plan. The program would incorporate components from 12 step, motivational enhancement, solution focused, and cognitive-behavioral, and multi-systemic approaches. A special feature would be cultural enhancements and a fully integrated community based approach. This program would not only be based on established principles of treatment and prevention but would also be subjected to rigorous quality assurance procedures. Detailed operational manuals are in the process of being developed.

### **Staff Requirements**

- 2 Licensed Addiction Counselors One supervisor, LAC II One assistant, LAC I
- 1 Tracker (Paraprofessional)
- 1 Administrative Assistant
- 1 Addiction Prevention Specialist (Supervisor)

Consultants in Medicine and Psychology

### **Position Descriptions**

### LAC II, Supervisor

Provides administrative and clinical overview of addiction program. Develops and implements primary treatment program. Conducts evaluations, consultations, screening, and referral services. Coordinates with Tribal and Community agencies. Maintains clinical records and quality assurance program. Ensures all required consultative services are available and completed. Responsible for fiscal management. Provides monthly reports to Supervisor. As requested will present reports to the Spirit Lake Tribal Health Board, Spirit Lake Tribal Council, and Spirit Lake Committees.

#### LAC L Assistant

Works directly under the supervision of the LAC II. Assists in primary treatment program. Responsible

for Aftercare Services. Coordinates with North Dakota State Hospital, Lake Region HSC, and other residential programs in the discharge planning process. Complies with all clinical documentation requirements. Conducts evaluations, consultations, screenings, and referrals. Participates in the Quality Assurance process. Coordinates services with other Tribal and Community Agencies.

#### Tracker

Provides tracking and follow-up services for high risk youth to include youths with suicidal history, high risk for relapse, dual diagnosis, and unstable family situations. Will reach out to clients who are not following up with treatment plan. Participates in crisis management and clinical staffings. Assists in primary treatment program and Aftercare under LAC supervision.

#### Administrative Assistant

Serves as receptionist and initial point of contact for clients and families. Ensures completion of all intake paperwork. Manages files and carries out administrative components of QA program. Maintains a referral directory. Sets up meetings, conference calls, and orientation visits. Provides other Secretarial services as required.

### Addiction Prevention Specialist

Coordinates prevention services within SLTC and between Tribal and Community Agencies. Oversees program goals and objectives to ensure compliance with grants and licensure standards. Develops a written program evaluation addressing addiction prevention needs. Provides presentations to Tribal agencies, members, and outside groups. Oversees public relations efforts. Identifies needed resources and advocates for same. Establish and coordinate a youth council that serves in advisory capacity to include recommendations for youth activities and recreation. Supports and participates in efforts at 6 STD, HIV education in schools and other community gathering places.

### Consultants in Medicine and Psychology

Standards of Care and licensure requirements demand active consultation in both Medicine and Psychology. In addition to accepting referrals for direct services, a consultant will be designated in each discipline and will be a point of contact in facilitating assessment of needs and recommending follow-up services. It is anticipated that Consultants will be available from Indian Health Service and will provide recommendations for culturally unique services and contacts.

#### **Budget Considerations**

A preliminary annual budget estimate is based on estimates completed in June, 2002.

Total Personnel and Fringe: 312,000

Community Education and Prevention: 3,592

Youth Activities: 7,500 Space Costs: 21,600

GSA Lease and Insurance: 16, 700

Telecommunications: 3,770

Postage: 629.00 Copy/Printing: 2,400 Supplies/Materials: 3,630 Travel/Training: 18,700 Mileage: 1,500

Insurance, Liability, Building and Property: 3,045

Computers and Hardware: 9,000

Professional Licenses and Subscriptions: 1,000 Specialized Consultants (Cultural): 2,800

Aftercare Materials: 6,000

Contract Health Services: Transportation: 6,000

### **Funding Estimates Already Available**

Stevens Bill (may not be renewed): 30,000

PL 99-570: 38,000

North Dakota Prevention Funding: 50,000

PL 100-690: 22,500 (cannot be used for salaries)

NDIAC: 20.000

### Funding Options (Available to Licensed Program)

Medical Assistance Commercial Insurance EAP (e.g., Casino)

## **Spirit Lake Tribe**

Attachment #5

Consulted Trauma Team Youth Assessment and Recommendations

## SPIRIT LAKE NATION

# TRAUMA TEAM Draft Final Report

April 23, 1997

Trauma Team:

Gene Thin Elk, Rick Thomas, Willie Wolf, Mary Wolf, Duane

Mackey, Billy Rogers, Beth Todd-Bazemore

## Trauma Team Charge:

Gene Thin Elk was contacted by Peggy Cavenaugh, Spirit Lake Nation Health Director, on February 5, 1997 and apprised of the number of youth suicides which have recently occurred on the reservation. On February 7, 1997, Peggy Cavanaugh, Larry Thiele, and Daria Thiele met with Gene Thin Elk at the University of South Dakota in Vermillion, SD. Preliminary plans were made at that time to form a Trauma Team to visit the Spirit Lake Nation within the week. The Trauma Team was charged with the following tasks. (1) provide stress relief and support for families who have lost a member through suicide; (2) identify the needs of the Spirit Lake Nation with regard to the contributing factors to the suicides; and (3) to develop recommendations to address the high rate of suicides and attempts based on the Team's findings.

## Background:

The Spirit Lake Nation was severely affected by the storms and floods of the spring of 1993. Approximately 250 homes were damaged, primarily in the St. Michael District. One hundred ten families were displaced in this period. During the summer of 1993, there was a significant increase in the rodent population due to the wet conditions and Hantavirus was discovered in the St. Michael District. One child died, there was a great deal of fear and anxiety about spread of the virus, and families and communities in St. Michael were blamed and isolated by other reservation communities. This situation lasted for approximately four months.

The Spirit Lake Nation has continued to be affected by flooding every year since 1993, making this the beginning of the fifth consecutive year of flooding. Ten homes (5 in St. Michael District, 5 in Fort Totten District) have been moved to other locations. Thirty to forty homes are still waiting to be moved. Thirty families in St. Michael and Woodlake Districts had contaminated wells. Many families were relocated to temporary housing

or motels in Davil's Lake. However, these families continue to experience difficulties in being able to feed their families due to inadequate funds and/or no kitchen facilities. Children have been unable to attend their usual schools and some families have been split by sending their children to stay with relatives so that they could stay at their school. Many families are living in one place and have their belongings stored in another. Many families have moved in with relatives (particularly in Fort Totten District) in order to be closer to needed services. Other families, whose homes may have been undamaged, now have to drive twice as many miles to get to schools and services because roads are still washed out and not repaired. Children are bussed an extra 50 miles each day because of inaccessible roads. People in Woodlake District have to pay \$10.00 to get to services in Fort Totten District. There are homes which still have water stending in the basement after four years and overloaded domestic sewer systems have resulted in sewage backups into homes for four years. Some families in St. Michael and Fort Totten Districts are still living without sewer systems. The water is currently estimated to be between 2.5 and 4 feet below the ground surface.

Federal disaster assistance was clearly not adequate on the reservation. Tribal officials reportedly did not realize the full impact of the 1993 flooding until almost two years later when the ground still remained saturated and water in basements had nowhere to drain. This type of long-term underground flooding did not fit with the Federal Emergency Management Agency's (FEMA) concept of river flooding and aid was not forthcoming. In addition, bureaucratic misunderstandings between FEMA, HUD, BIA and the tribal government delayed and/or prevented adequate assistance. The tribe received 1995 monies in December, 1996 but only received \$37,000 of the \$170,000 requested. The tribe's in-kind expenses have exceeded \$500,000 to date and the standards required by FEMA in order to use the monies received will cost so much that the tribe may be unable to accept the money.

The long-term stress on tribal members is extreme. People are fearful and normal coping responses are taxed beyond their capacities. Many of those whose homes have been relocated have lived for generations on the same land. They have experienced a great deal of stress associated with losing these lands and their homes. Those who have been in temporary housing, or who have had water and/or sewage standing in their homes for several years are also experiencing dangerous levels of stress. In addition, many residents of the Fort Totten District have been affected by crowding due to the relocations and having extra people in their homes. Service providers in Fort Totten District have become increasingly frustrated by the higher levels of need and decreasing budgets. As stress levels have risen, correlated increases in substance use, gambling, and domestic violence have been noted in the communities. There has also been a significant increase in chronic respiratory illnesses and allergies, likely due to wet conditions and/or water damage in homes.

The chronic stress seems now to be seriously affecting the communities' children as well as the adults. School counselors report a dramatic increase in depression,

anxiety, fearfulness, and suicidal ideation. The incidence of serious suicide attempts and completions among youth up to age 20 have steadily increased since 1993:

Yoar	Attempts/Completions
1993 (4th quarter)	· · · <b>5</b>
1994	<b>6</b>
1995	11
1996	19
1997 (January only)	5

The vast majority of these attempts/completions have occurred in young people living in St. Michael and Fort Totten Districts—the two most severely flood-impacted Districts. Children and youth report feeling overwhelmed and that they do not receive enough time, attention, guidance or positive role-modeling from adults who are also overwhelmed. They report frequently turning to other youth to meet these needs. In many cases, it has been these youth leaders who have been the ones to commit suicide. This has left other young people with no one to turn to and, in many cases, their closest relationships are with those who have died.

Further examination of the data reveal a clear pattern in the fiming of youth suicide attempts. From September, 1993 through March 1, 1997, total attempts by month are as follows (youth aged 5-20):

•	1993	1994	1995	1996	1997	Total
January		Ö	2	2	4	8
February		2	0-	2	. 4	8
March	~	3	1	2	<u> </u>	6
April	-	2	<b>6</b>	1		3
May	_	Ō	2	1	_	3
Jung	_	Ö	ō	0	· ·	0
		Ŏ	. 0	Ō	_	0
July		4	3	Ŏ	_	4
August	2	ò	4	Ö		· 3
September		Ü		n		ñ
October	0	Ų	Ü	U		4
November -	2	Q	. 1_	7	-	4
December ·	1	0.	1	6	-	Ŗ

It is quite important to note that for three years, the most attempts have occurred in the months of December, January, February, March. Equally important is the fact that over the past three years, there have been no attempts in the months of June, July and October. This pattern reflects monthly stress patterns observed on other reservations across the country. Early and mid-summer months are typically full of community and family activities such as pow wows, softball tournaments, rodeos, etc. Individual and community stress levels often drop dramatically during these months. Beginning in

August and September, however, with the anticipation of the structure of the school year, the stress often begins to rise again. Adjustment to the structure, as well as, the increased financial demands of clothing, supplies, etc. are some of the factors that contribute to this increased stress. By October, the adjustment has often taken place, but beginning in November, the stress of the holidays begins. This continues into December and leads to the highest stress post-holiday months of January through March. The Spirit Lake Nation incidence of youth suicide attempts over the past three years appears to fit well within this identified pattern. It is, therefore, reasonable to prepare for a decrease in the stress and resulting suicide attempts in the upcoming summer months. These months will, in fact, be a critically important time to identify resources, build colleberative efforts, and train intensively in order be prepared for the Fall months. [Note: The Trauma Team also discovered the occurrence of 48 adult suicide attempts over the same time period. Approximately 90% of these occurred in adults between the ages of 20 and 30.]

## Report of Trauma Team Activities:

## Wednesday, February 12, 1997:

3:30 p.m. Arrival of Gene Thin Elk and Beth Todd-Bazemore.

4:30 p.m. Meeting with Planning Workgroup at Dakota Motor Inn, Devils Lake.

This meeting was attended by Health Department staff, representatives from various community services and agencies, community and school service providers, and community members. The goal of the meeting was to inform the group of the Trauma Team task and agenda, gather background data, and listen to the various views of the attendess regarding the recent youth suicides.

## Thursday, February 13, 1997:

8:00 e.m. Meeting with Front Line Service Providers at Dakota Motor Inn, Devils

This meeting was conducted by Gene Thin Elk and Beth Todd-Bazemore and attended by members of various community services and agencies, community and school service providers, and other natural helpers in the community. The session focused on providing an overview of the psychological, emotional, behavioral, and physiological effects of trauma on the community at large, phases of traumatic response, the effects of trauma response on front line workers, and the effects of long-term, repeated trauma on the developmental dynamics of youth. The session included an opportunity for participants to share their own experiences and feelings about the current crisis situation.

Arrival of Willia Wolf and Mary Wolf 4:00 p.m.

Arrival of Dr. Duane Mackey 11:00 p.m.

Briefing of arriving Team members.

## Friday, February 14, 1997:

Team preparation and planning 8:00 a.m. Sheyenne School to work with students and teachers (Oberon students 9:00 a.m. were bussed to Sheyenne School) Warwick School to work with students and teachers 1:00 a.m. Gene Thin Elk and Beth Todd-Bazemore to Four Winds School for 1:30 p.m. teacher in-service presentation Gene Thin Elk attended meeting with cultural and religious leaders and 4:00 p.m. Mental Health Director Debriefing of Trauma Team 5:00 p.m. -

Trauma Team members traveled to Sheyenne School to provide students and teachers with information regarding trauma, its effects on children, and to provide opportunities for children to share their feelings and experiences. All students at Sheyenne, Oberon, and Warwick Schools were seen in small groups arranged by developmental level. Members of the Front Line Service Provider Group attended and assisted in these sessions. A leacher in-service presentation at Four Winds School was designed to provide information to school staff about trauma's effects on children and cultural resiliency. Team members administered Stress Surveys to all 7-12 grade children.

## Saturday, February 15, 1997:

Family Help Sessions, Blue Building 9:00 a.m.

Home visits

Presentation by Gene Thin Elk, Rick Thomas and Duane Mackey to 10:00 a.m.

onieving families

Debriefing of Trauma Team 6:00 p.m.

The Trauma Team assembled at the Blue Building and was available to assist families of victims and others in mourning for deceased loved ones and children. The families of each recent suicide victim was personally contacted by Health Department staff and asked if they were interested in receiving help with their grieving, and, if so, whether they would prefer coming to the Team or having members of the Team come to their home. An initial presentation was given which was designed to assist familles with the grieving process. A schedule was arranged for home visits by various Team members. In all, eight families were seen at the Blue Building and 4 home visits were conducted.

Team members administered Family Contact Forms, Stress Surveys, and Family Coping Questionnaires to all families.

## Sunday, February 15, 1997:

1:00 p.m. Family Help Sessions continued, Blue Building
Home visits continued
7:00 p.m. Arrival of Billy Rogers
7:00 p.m. Well Parenting & Communication Session by Billy Rogers

7:00 p.m. Youth Leadership Group conducted by Gene Thin Elk and Rick Thomas 7:00 p.m. Youth Group conducted by Duane Mackey and Beth Todd-Bazemore

10:00 p.m. Treume Team debriefing and planning

Family Help Sessions continued on this day. Three families were seen at the Blue Building and six home visits were conducted. Team members administered Family Contact Forms, Stress Surveys, and Family Coping Questionnaires to all families.

Several evening programs were conducted simultaneously. Billy Rogers conducted a "Well Parenting Session," which was designed to inform parents about communication with children, building blocks of parenting, role-modeling, expressing affection, encouragement/praise and listening. This session was attended by approximately 20 people (handouts attached). Gene Thin Elk and Rick Thomas conducted a group session for youth leaders which was designed to help youth with the gleving process and encourage leadership skills. Duane Mackey and Beth Todd-Bazamora conducted a group session for adolescent boys who were close relatives and friends of suicide victims. This session was designed to provide information about the effects of trauma and enhance coping skills. Both youth sessions provided opportunities for youth to share their feelings and experiences.

## Monday, February 17, 1997:

9:00 a.m. Four Winds School (K-12th grades) to work with students and teachers Gene Thin Elk, Willie Wolf and Beth Todd-Bazemore worked on data

gathering including various meetings with Health Department staff and

various service providers

11:00 a.m. Gene Thin Elk met with the Chief Judge of the Tribal Court

7:00 p.m. Billy Rogers facilitated Youth General Assembly and message

development

8:00 p.m. Gene Thin Elk, Rick Thomas, and Duane Mackey facilitated Community

General Assembly

11:00 p.m. Debriefing of Trauma Team

12:00 a.m. Team meeting with Health Director (request to see grieving family

2/18/97)

Several Trauma Team members traveled to Four Winds School to provide students and teachers with information regarding trauma, its effects on children, self-esteem and pride, and to provide opportunities for children to share their feelings and experiences. All students at Four Winds Schools were seen in groups arranged by developmental level. Members of the Front Line Service Provider Group attended and assisted in these sessions.—Team members administered Stress Surveys to all 7-12 grade children.

Other Trauma Team members spent the day gathering data regarding the background and history of the current crisis situation; meeting with various service providers, and putting logation a comprehensive picture and context of the current crisis.

Evening sessions included a Youth General Assembly conducted by Billy Rogers and a Community General Assembly conducted by Gene Thin Elk, Rick Thomas, and Duane Mackey. The evening concluded with the presentation of messages from the youth to the community.

## Tuesday, February 18, 1997:

8;00 a.m.	Trauma Team report to Tribal Council at Casino
9:00 a.m.	Rick Thomas and Gene Thin Elk made a home visit
	Mich Titulians die Geria Titulians de La Companya d
10:00 a.m.	Trauma Team meeting with Front Line Service Provider group for
	community empowerment
10:00 a.m.	Gene Thin Elk and Beth Todd-Bazemore meeting with tribal judge and
10.00 4.11	school grincipal
11:00 a.m.	Billy Rogers working with Youth Leadership group
	Trauma Team meeting with Front Line Service Provider group for
1:00 p.m.	Lisame result meeting with Light Cities cel Aloca Lisames, 3, och in
	straienis planning -
12:00 p.m.	Departure of Billy Rogers and Rick Thomas
3:00 p.m.	Departure of Willie Wolf and Mary Wolf

The Tramua Team met with the Tribal Council to provide a report of the Team's activities, findings, and preliminary recommendations.

Some members of the Trauma Team met with community members and Front Line Service Providers. The focus of the morning session focused on the general findings of the Team, and community and youth empowerment. Youth leaders were encouraged to attend and participate in the discussions.

Other Team members visited the home of a family who had lost a child, and met with the Tribal Judge to provide advocacy for the siblings of a suicide victim who were facing a truency action initiated by their school.

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10:00 a.m.	Trauma Team meeting with Front Line Service Provider group for community empowerment
10:00 a.m.	Gene Thin Elk and Beth Todd-Bazemore meeting with tribal judge and school principal
11:00 a.m.	Billy Rogers working with Youth Leadership group
1:00 p.m.	Trauma Team meeting with Front Line Service Provider group for strategic planning
12:00 p.m. 3:00 p.m.	Departure of Billy Rogers and Rick Thomas  Departure of Willie Wolf and Mary Wolf

The Tramus Team met with the Tribal Council to provide a report of the Team's activities, findings, and preliminary recommendations.

Some members of the Trauma Team met with community members and Front Line Service Proxiders. The focus of the morning session focused on the general findings of the Team, and community and youth empowerment. Youth leaders were encouraged to attend and participate in the discussions.

Other Team members visited the home of a family who had lost a child, and met with the Tribal Judge to provide advocacy for the siblings of a suicide victim who were facing a truancy action initiated by their school.

The afternoon session with the Front Line Service Providers focused on indepth planning for the development of the Spirit Lake Nation Crisis Team. Additional information was provided about the long-term nature of the stress and its consequences for the youth. Plans for follow-up services were also discussed.

Wednesday, February, 19, 1997:

7:00 a.m. Departure of Gene Thin Elk, Dusna Mackey, and Beth Todd-Bazemore

## April 14-18, 1997

Willie Wolf returned to the Spirit Lake Nation to help in the formation and development of the Crisis Team. During this visit, he worked intensively with the Crisis Team to identify issues that need to be addressed, as well as consulting on the logistical issues of the Crisis Team's operation.

### Findings:

The following are the Trauma Team's findings:

1: Adults, youth, and young children of the Spirit Lake Nation are currently experiencing critical levels of stress and traumatic stress resulting from the long-term effects of four years of flooding, and its resulting hardships, as well as from the more recent effects of the suicides of seven young people.

All school age children of the Spirit Lake Nation were seen by the Team in their school environments. Youth in grades 7-12, teachers, family members, and service providers were asked to complete a stress measurement instrument. The following are averaged results by school and grade of these stress measurements:

UIG SP CH DIT	let trav					
	Sheyenne & Oberon		Four Winds		Warwick	
Grade	Female	Male	Female	Male	Female	Male
5-	60	60			, <b>–</b>	
6	45	53	<b>6</b> 6	<b>6</b> 5		
<del></del>	54	400			78	52
ŕ	53	54	69	· 78	62	67
8	57 ·	·	74	70	. 73	62
9	74	67	67	65	79	59
10	74 74	53	64	55	68	57
11		<b>∞</b> 57	58	59	·· 75	53
12	57	31	<b></b>	70		

Scores of about 50 are considered in the normal range on this measure. Clearly, these scores reflect stress levels well above normal.

- 2. There is a lack of a continuum of care and coordination of services for mental health and substance abuse services within and between tribal, local, and state provider resources. The provision of youth aftercare services is a particularly critical unmet need at the present time. In addition, many of the community services are seriously understaffed. There is a particularly critical need for more mental health counselors.
- There is no community crisis team and/or plan which would provide for the immediate mobilization and coordination of community resources in the event of a critical incident(s), whether it might be a natural disaster or a human crisis.
- 4. The youth of the Spirit Lake Nation do not feel heard by their parents, authority figures, and other adults. They express many unmet needs for time, attention, nurturing, role modeling, and guidance. These needs are particularly apparent in times of crises such as that currently facing the Nation.
- There is a community perception that youth who are referred for mental health and/or alcohol treatment are "sent away" to treatment facilities in Minot, Jamestown, Grand Forks, or Sisseton. It is the perception that youth in treatment facilities are treated primarily with psychotropic medications (e.g., Ritalin, Prozac, Zoloft) and then returned to the reservation with no follow-up care. It is believed that many of the youth who have attempted or completed suicide attempts had recently been in treatment and were actually on these medications when they died. The result is a great deal of fear and mistrust of the mental health treatment system and a reluctance to report youth suicide attempts. It is, therefore, likely that not all suicide attempts are reported to the mental health system (the Trauma Team heard of several previously unreported attempts during their visit) and that the numbers reported above do not accurately reflect the number of attempts which have actually taken place.
  - 6. There are a lack of community cultural and social events which would provide youth activities and bring young people and adults together as families and community members. In addition, there are a lack of youth-centered recreational activities, programs, and facilities which are responsive to the needs and available times of the reservation's youth and children (e.g., Youth Centers only open until 4:30 p.m., adult activities produding youth use of Youth Centers).
  - 7. Observed patterns of youth suicide attempts from 1993-1996 indicate that the months of highest incidence are December-March. In addition, over the past three years, there have been no attempts during the months of June, July and October.

8. The reservation area is again expecting to undergo record flooding in the Spring of 1997. This, in combination with the residual effects of previous floods, can be expected to further contribute to the already dangerously high stress levels of tribal members. Early intervention will be crucial.

## Recommendations:

1. Coordination of services: The Trauma Team recommends re-activation of the Interagency Health & Wellness Coalition. The purpose of this group would be to coordinate community resources in an effort to build a continuum of health, mental health, and wellness services, and to eliminate unnecessary duplication of these services. Youth aftercare services will be a particularly critical area to be addressed. The Team facilitated establishment of a coordinating committee to accomplish this task at the strategic planning meeting with Front Line Service Providers on the last day of the visit.

In addition, an intensive staff development effort should be implemented. Such development should include trauma-related training, coping with the effects of long-term stressors, identification and intervention of at-risk youth, stress debriefings, etc. This training might be accomplished by sending representatives of each unit to an intensive week-long training session in Vermillion, SD where they will learn the sidils mentioned above, as well as, participate in stress reduction sessions themselves. Spiritual support, which is seen as essential to the healing process will be available as well (see Recommendation #2 below).

. Spirit Lake Nation Crisis Team: The Team recommends the formation and ongoing maintenance of a Spirit Lake Nation Crisis Team. This group would be organized and trained to be ready to respond to any type of crisis which uccurs in the community. It would develop and maintain a Spirit Lake Nation Crisis Plan with clear mechanisms and lines of responsibilities for the immediate mobilization and deployment of the apprepriate community resources in the event of a criticial incident. As the initial step in this process, the Trauma Team recommends that a core group (parhaps consisting of the representatives of each tribal department and agency identified in #1 above, as well as spiritual leaders from within the communities) should be identified and sent to Vermillion, SD for a week-leng intensive training. In Vermillion, the Team will have the additional resources of the University of South Dakota's Disaster Mental Health Institute. The intensive training will include in-depth debriating sessions for Crisis Team members to help reduce their levels of traumatic stress, detailed information about formation, charge and development of the Spirit Lake Nation Crists Team, help in developing a comprehensive Crisis Plan, and spiritual support.

3. Youth Leadership: The Team recommends the inclusion of youth leaders in all of the recommendations made here, as well as, in the planning and implementation of other community programs which involve young people. Such areas of interest might include recreation, community events, and cultural programs/events. The Trauma Team requested that youth leaders be involved in the strategic planning meeting with Front Line Service Providers. Participation by youth leaders as representatives to the Tribal Council might be an innovalive way of involving youth in the community.

Billy Rogers has scheduled a return visit in late April, 1997 to further work with the youth leadership. It is recommended that the Team be kept apprised of Mr. Roger's work and progress in order that it might coordinate any further services which might be requested.

- 4. Meeting the Childrens' Needs: The Team recommends the coordination of a Spirit Lake Nation initiative to meet the emotional needs of its children. Such an initiative would need to be a concerted and creative response of the Nation to meet those critical needs. One example of such a comprehensive initiative would be a resolution from the Tribal Council that meeting the needs of children and youth will be the foremost concern of the Spirit Lake Nation. A directive might be given to all tribal programs and service agencies to develop special programming and/or activities for children and youth. Each month a different unit might be assigned responsibility for providing a special program, activity or service for children and youth. For example, in one month, the Health Department might provide child and youth wellness programs; in the following month, the Child Development Department might provide babysitting certification courses for youth, etc...
  - 5. School-Based Programs: The Team recommends that school personnel of the various schools work together to develop and implement a comprehensive training program for students of all ages to include the following issues: suicide prevention, coping with grief Issues, coping with difficult personal and home situations, self-esteem development, problem-solving skills, etc. Students who were close to those who committed suicide should be identified and receive counseling support, perhaps in a group format, on an on-going basis. Efforts should also be undertaken to developing after-school activities that focus on personal growth and wellness. In addition, the Team recommends consideration of a school-based cultural program such as the Heart Room Concept for grades 1-8 for all reservation students.
  - 5. Securing Additional Resources: The Team recommends that additional human and financial resources be sought to help the Spirit Lake Nation manage the devastating effects of the floods of the previous four years, as woll as, the resulting crises in housing, roads, facilities, economic hardship, and the health

and mental health of the people. This need is particularly critical in terms of the need for additional mental health counsaling staff and youth aftercare staff.

It is recommended that federal aid be sought to put a crisis counseling staff in place immediately. This is especially critical given the expectation of additional flooding in 1997 on top of the heavy stress caused by the recent youth suicides. The Trauma Team will also work with the appropriate federal agencies to advocate for additional crisis-related resources and services.

One possible resource in the immediate future is the use of school counseling personnel. It is recommended that resources be found to allow school counselors to work during the summer months to provide intensive services to children and familles in the communities. These counselors already have knowledge of at-risk children, have familiarity with the communities and families and resources on the reservation. It is recommended that they go out into the communities and visit families in their homes and coordinate with the special programs and services provided by other units.

The Trauma Team will help to address the concerns about hospitalization and medication of Spirit Lake Nation children by initiating a dialogue between the Tribal Health Director and administrators of the Jamestown hospital and the Slow Valley Health Care System.

- 6. Anniversary Dates: The Team recommends the development of specific services by the Crisis Team to support families and friends around the armiversary dates of the completed suicides. As it is well-known that these dates often lead to crisis reactions by family and friends, it is critical that extre support and intervention is available during these time periods.
- 7. Trauma Team Follow-up Services: The Trauma Team recommends a return visit of the Team in early November, 1997. This visit would focus on assessment of the efforts made during the summer and early fall months, providing additional support to the Front Line Service Providers as they prepare for the high-stress months ahead, and providing additional training, skills development, and organizational cohesiveness. An additional return visit is recommended for February, 1998, one year from the first visit, to assess the effectiveness of all efforts and provide suggestions for further refinements of long-term initiatives.

The Trauma Team will also be available to provide the recommended trainings discussed above. In addition, Team members are available for telephone consultations as needed.

It is extremely critical to note that the pattern of youth suicide attempts over the most recent three years have revealed that there have been no altempts during the months of June and July. Whatever the reason for this, the summer of 1997 should be viewed as a critical time period for intensive intervention with the children and youth of the Spirit Lake Nation. It is strongly recommended that all possible resources be put toward a comprehensive implementation of the above recommendations during these months, especially in light of the articipation of further flooding in 1997. In addition, plans should be developed and put into place for continuation of interventions following this time period.

This Trauma Team Final Report is respectfully submitted to the Tribal Council of the Spirit Lake Nation.

The Team would like to express its deepest appreciation to Peggy Cavanaugh and the staff of the Health Department for the many hours of coordination and assistance they provided during the Team's visit. The true dedication and caring of these individuals for the People of the Spirit Lake Nation is both awasoma and inspiring. We also acknowledge and express appreciation to the other professionals and community members who assisted the Team in so many ways. Finally, we express our heartfelt thanks to the families and young people who opened their hearts and shared their deepest pain with us. It has been an honor to work with them. Pida unyapedo mitakuya pi. Hau, Mitakuya Oyasin.

Gend Thin Elk / BT-B

Beth Todd-Bazemore, Ph.D.

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